THE CANADIAN HOSPITAL

OFFICIAL JOURNAL
CANADIAN HOSPITAL COUNCIL

JUNE, 1951

$1,000 SAVED MONTHLY

WITH MODERNIZED "AMERICAN" LAUNDRY

At Arkansas State Hospital for Nervous Diseases

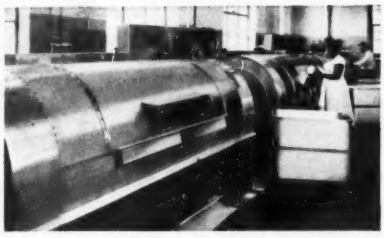
To handle increased clean linen needs, 2,200-bed Arkansas State Hospital for Nervous Diseases, Little Rock, modernized their laundry with new, high-production "AMERICAN" equipment.

With the modernization program completed, management of the hospital reports these outstanding results:

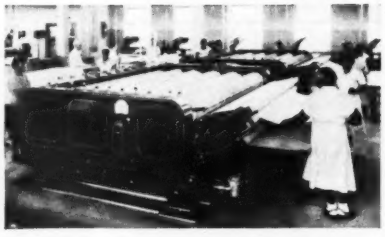
- **$1,000 saved per month in laundry costs.**
- **Laundry crew reduced nearly 1/3.**
- **Faster return of linens to service.**
- **Better quality work.**

Our Laundry Advisor and Survey Engineering Dept. worked closely with hospital officials throughout the entire laundry reorganization. They made a thorough study of the hospital's clean linen needs, then recommended new equipment necessary. Our Laundry Advisor submitted a floor plan of the laundry layout, and consulted with the archiect for the new building which was erected. Our Engineering Staff supervised installation of the new equipment, and moving of machines retained, to the new building.

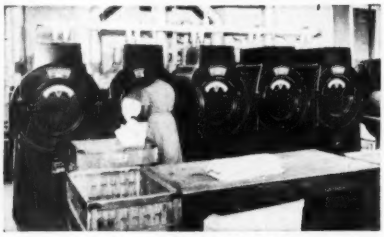
The free services of our Laundry Advisor are available to hospitals, large or small, *without any obligation whatever*. He will call at your convenience and make a comprehensive survey to determine the savings and other benefits you can expect by modernizing your hospital laundry, or with an all new "*American*" planned laundry department. WRITE TODAY for our Laundry Advisor to call.



At Arkansas State Hospital for Nervous Diseases, all linens, uniforms and staff personal apparel are washed sterile-clean in these 3 CASCADE Washers.



Linens are beautifully ironed on 2 STREAM-LINE Flatwork Ironers. 12 Wearing Apparel Press Units can be seen in background. Hospital also has 2 Shirt Units for ironing patients' shirts instead of tumbling them as was formerly done.



Five ZONE-AIR Tumblers quickly fluff-dry all work not to be ironed.

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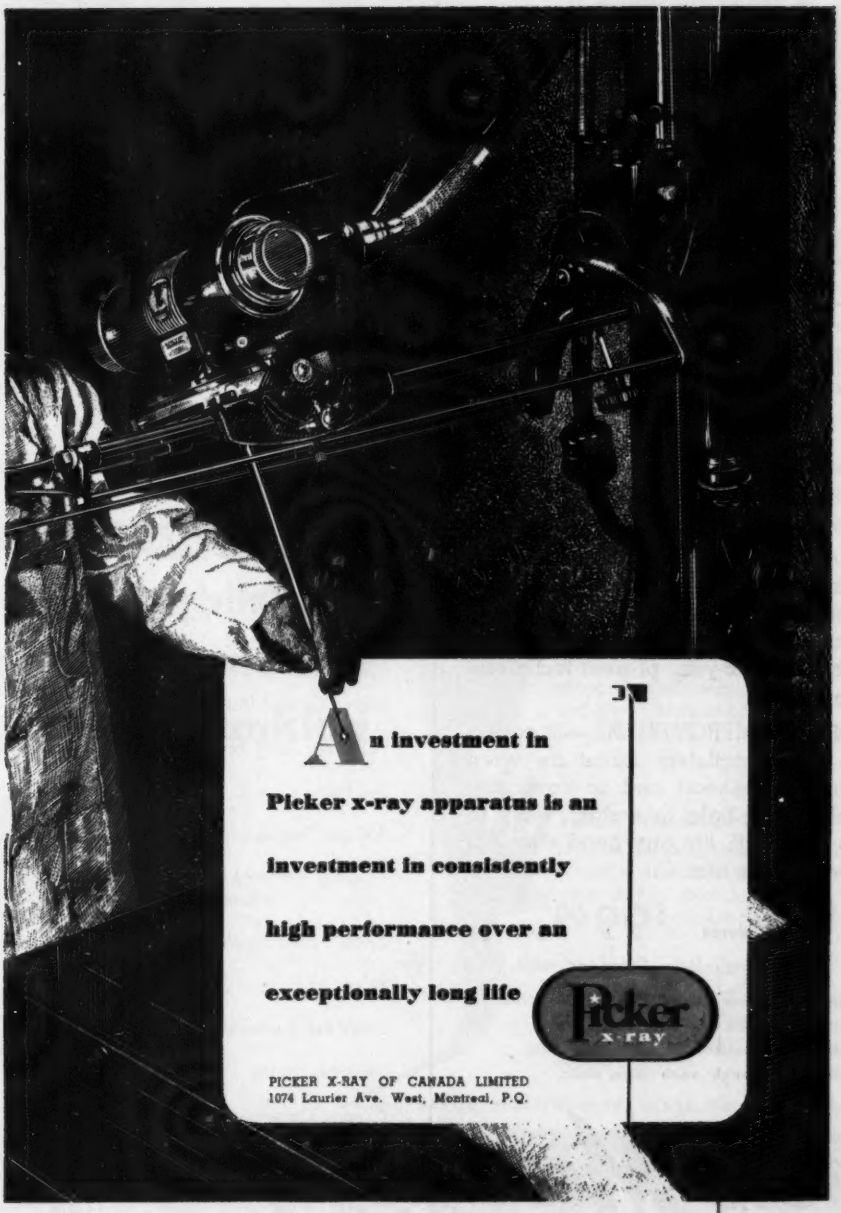
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— Efficient — Comfortable

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Contents

Vol. 28 **JUNE, 1951** No. 6

(For Subscription Rates see page 94)

5 REASONS WHY

the BAXTER CLOSED SYSTEM is an established, preferred method of blood banking

no contact with outside air

With the BAXTER CLOSED SYSTEM, blood can be drawn and stored for a maximum period; or, plasma or serum can be prepared—all without risk of contamination from outside air.

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BAXTER containers utilize mechanically induced vacuum to draw a large volume of blood into the bottle. This vacuum permits transfer of blood or plasma from one container to another, aseptically, without any break in the closed technique.

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During administration, air enters the container through an air tube. A steady flow of blood or solutions results, rather than intermittent gurgling.

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The BAXTER method is a model of streamlined efficiency, simplicity, and safety, and can be brought into use instantly.

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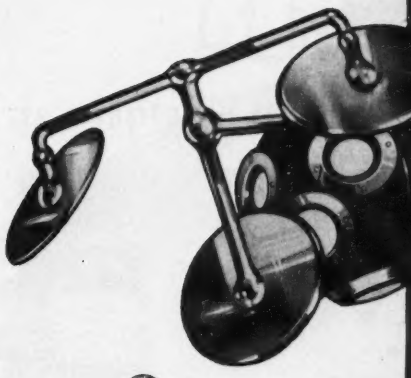

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THE *ULTIMATE* IN SAFE, FLEXIBLE LIGHTING

Here is a light with matchless efficiency and adaptability that also offers the priceless protection against operating room explosions every hospital and surgeon is called on to provide. It meets the Underwriters' Laboratories high standards for use in Class 1, Group C, Hazardous Locations, such as operating rooms.

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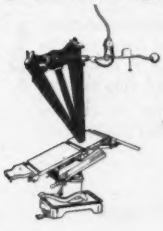

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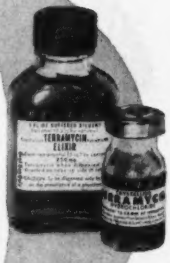

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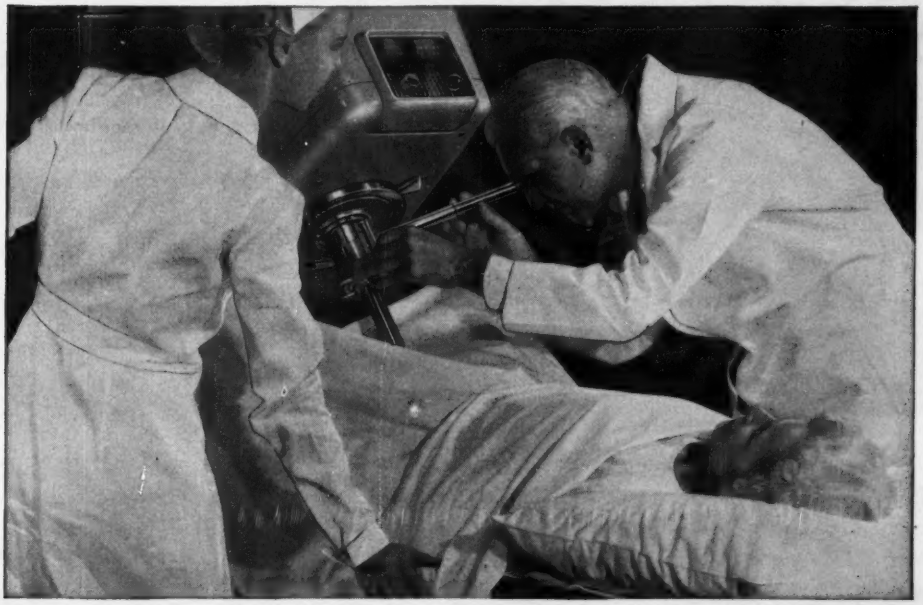
4 reasons why the Maximar 250-III is adaptable to the most exacting technics



1 **Small symmetrical tube head** facilitates positioning to treatment area. Provides convenient access to difficult treatment areas with unobstructed view of the area while positioning for treatment. New coning system eliminates the conventional master cone, to permit attachment of treatment cones direct to the tube head.

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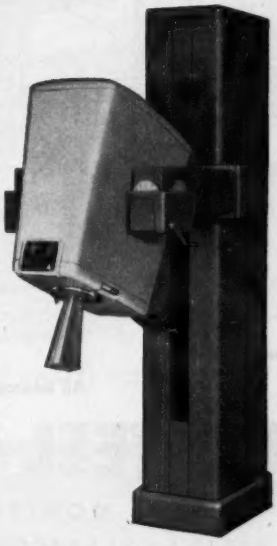
4 **Unusual compactness.** Special consideration was given to conservation of floor space in the design of the Maximar 250-III. A glance at the illustration to the right tells the story. In fact, the Maximar 250-III occupies only 3¼ square feet of actual floor space! See your GE representative or write the office nearest you — General Electric X-Ray Corporation, Limited, Montreal, Toronto, Vancouver, Winnepeg.



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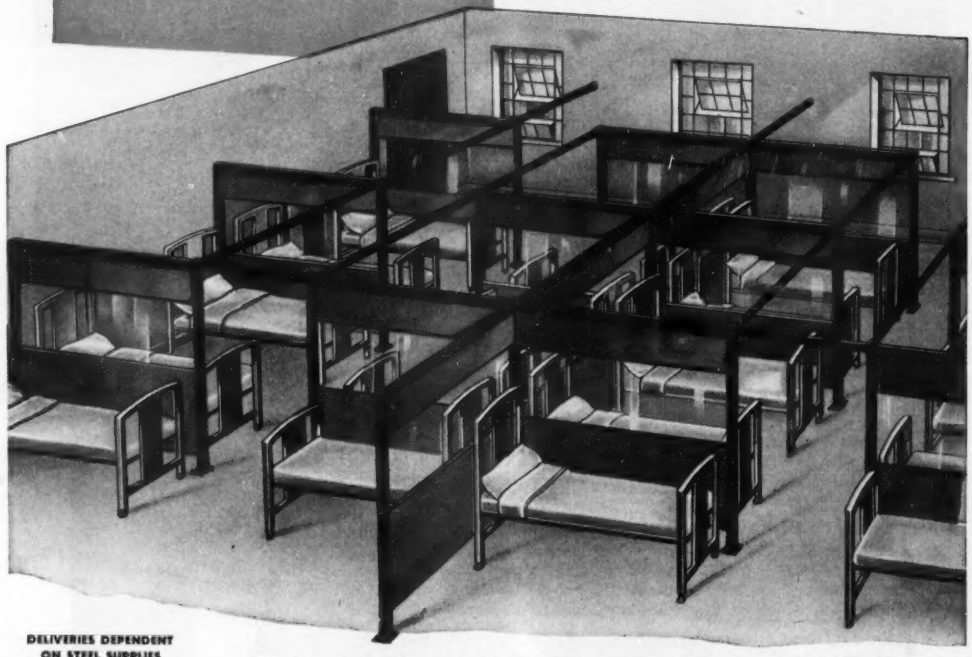

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Odor	none
Color	none
Sediment	none
pH value at 20° C.	5.9
Heavy Metal (USP test)	negative
Oxidizable Substances (USP test)	negative
	parts per million
Total Solids	**0.85**
Volatile Solids	0.85
Inorganic Solids	0.00
Nitrogen	0.034
Free Ammonia	0.008
Albuminoid	0.000
Nitrites	0.000
Nitrates	0.000
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Check these important highlights —

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  permits application to low pressure steamlines where necessary . . . accessibility for easy cleaning also a factor.

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Across the Desk

By C.A.E.

Swedish Hospitals "At Home" To International Visitors

A report has just been published by the International Hospital Federation in London of one of the most remarkable international gatherings of recent times. The report describes the 10-day visit of 127 members of the Federation, and their families, who assembled from fourteen countries to make a detailed examination of the hospitals of Sweden. The visit constituted the first study tour of its kind to be sponsored by the Federation. The visitors included architects, medical directors, doctors, nurses, public health officials, dietitians and others, representing virtually every aspect of hospital work.

So detailed was the study that the report covers such aspects as the construction of beds, the therapeutic use of colour, the advantages and disadvantages of potted plants in wards and rooms, and many other questions.

* * * *

Canadian Subsidiary Announced by Pfizer Company

Formation of a Canadian subsidiary and financial interest in a major new fine chemical plant at Cornwall, Ontario, are announced by Chas. Pfizer & Co. Inc., 102-year-old Brooklyn, N.Y. chemical firm.

Donald Hilton, Director of Foreign Sales for the parent Pfizer Company, is President of Pfizer Canada, Ltd. The firm will handle Canadian sales of terramycin, newest broad-range antibiotic "wonder drug" introduced by Pfizer in 1950, and other Pfizer-labelled products.

Recently the company announced a major new product, synthetic crystalline Vitamin A, commercial production of which has never before been possible.

The new plant at the Cornwall, Ontario, site will be erected by a company in which Chas. Pfizer & Co., Inc., has a substantial investment—Kemball Bishop, a British-controlled Canadian firm. No immediate, direct use of the new Cornwall facility is planned by the company, according to John E. McKeen, President and Chairman of the Board.

* * * *

New Darling Catalogue on Oil Burning Equipment

Darling Bros. Limited have just issued a new catalogue of their various types of industrial and commercial equipment for fuel oil pumping and heating, with accessory valves and strainers. Fully illustrated and described are their factory-assembled twin fuel oil pumping and heating sets—most economical of space because of the combination of usually separate units—and the individual units themselves, including steam-driven and electric fuel oil pumps, and Whitlock-Darling fuel oil preheaters. Complete data on relief valves, and suction and discharge strainers are also given in these pages. Discussion of fuel oil preheating, with a viscosity-temperature chart, is included. This catalogue No. 60 is available in either English or French, and may be obtained by addressing Darling Bros. Limited, 140 Prince Street, Montreal.

(Continued on page 16)

For your protection from all forms of radiation we offer:

KELEKET

- Dosimeters
- Pocket Chambers
- Survey Meters (Alpha, Beta, Gamma)
- Laboratory Scalers
- Radiation Monitors
- G. M. Tubes
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With Marboleum or Dominion Battleship Linoleum you can have floors which are not only easy on eyes and feet but which also direct them where you wish them to go — in the interests of your business . . . The lasting resilience, beauty and *economy* of these floors have been proved by over forty years of wear in Canadian stores, hospitals, schools and public buildings of all kinds.

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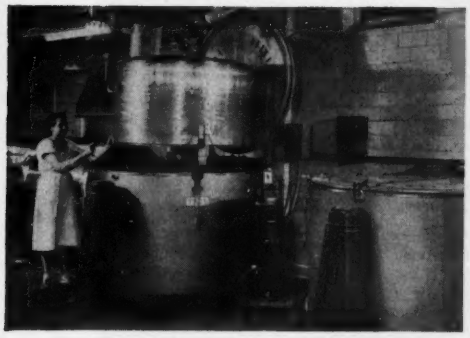
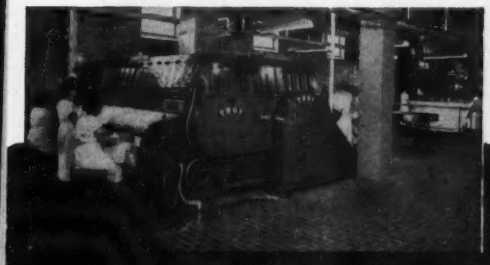
ABOVE: Operator slides clothes into basket from easy-unloading Troy "Slyde-Out" Washer. "Slyde-Out" Washers are built of corrosion-proof stainless steel for long trouble-free service.



ABOVE: Two bottom-unloading Troy 50" Olympic Extractors. Baskets lift out by electric hoist, then travel on overhead track to shake-out tables where contents are dumped.

BELOW: Two Troy 8-roll Flatwork Ironers are equipped with ventilating canopies to exhaust steam and keep operators comfortable.



ABOVE: St. Luke's washer production line includes five Troy "Slyde-Out" Washers and a Troy Bantam Washer for small loads.

Terry towels are fluff-dried in four Troy Drying Tumblers and nine Troy Rocket Presses finish uniforms, pajamas, duck coats and general apparel (not illustrated).

What About Deliveries of New Equipment?

Like all metals containing nickel, stainless steel is now a critical war material, hard to get for civilian use. However, we are still accepting orders for Troy "Slyde-Out" Washers and other stainless steel machines and we are still building and delivering them as fast as we can get materials.

WRITE TODAY FOR CATALOGS AND PRICES ON ALL TROY EQUIPMENT

TROY LAUNDRY MACHINERY

Air is *not* intangible — we can actually "process" it. . . . Air can be artificially dried or wetted, and cleaned. The temperature can be changed. It can be set in motion and guided in direction at set speeds. . . . All these things can be done with air automatically, under full control, to predetermined standards, to increase human comfort or benefit industrial and commercial processes. . . . Properly engineered air conditioning is, of course, a branch of refrigeration. For 36 years we have operated *exclusively* in both low and medium temperature cooling, with or without special humidity factors. We specialize in industrial, commercial and scientific applications in these fields. If you have a *problem* we invite your enquiries.

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Across the Desk

(Continued from page 12)

Dominion Oilcloth Booklet

An exceedingly attractive booklet entitled, "Let's Have a Floor Show", has been distributed by Dominion Oilcloth & Linoleum Co. Limited, Montreal.

While designed especially for the home, it also suggests many effective combinations suitable for institutional use in hallways, reception rooms, auditoriums and various rooms in nurses' residences.

New colourings and designs are also offered in plain and Battleship linoleum, marboleum and Jaspe effects and Tiles. A copy of the booklet will be mailed on request.

* * * *

1951 Edition of Crane "Piping Pointers"

36 pages of practical data and 316 illustrations are contained in a remarkably comprehensive booklet just published under the title of "Piping Pointers".

"Piping Pointers" will certainly be an indispensable reference guide for the trainee, and no doubt will also be appreciated as a refresher course for the old timer. It is stated that interested individuals or firms are welcome to quantities of these manuals for training purposes, apprenticeship classes, and distribution to plant design, operators and maintenance men.

The manual clearly yet simply outlines the following: Names of Parts of Basic Valve Designs; The Principal Function of Valves; Basic Valve Designs Widely Used in Piping Systems; Valve Discs; Variations in Stem Operation; The Different Types of Bonnet Joints; Check Valves; End Connections on Valves and Fittings; Materials of which Valves and Fittings are Made; The choosing of valves that are best suited to do the job most efficiently, and many other guides in the "Do's and Don't" for better piping service.

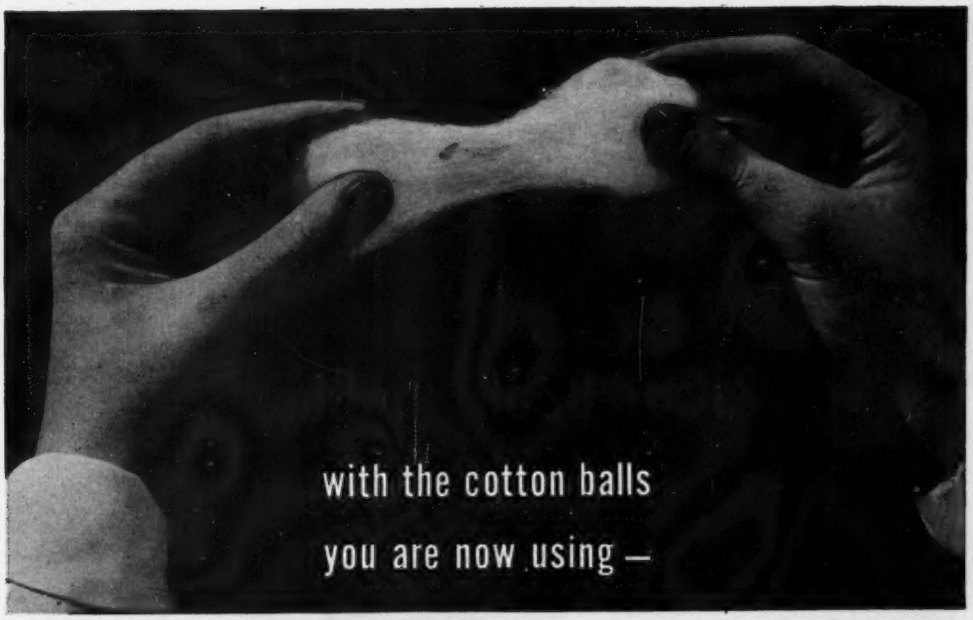
"Piping Pointers" is readily available from any branch of Crane Limited throughout Canada, or on application to "Piping Pete", 1170 Beaver Hall Square, Montreal, Quebec.

* * * *

New Mildewproofer for Paints

Nuodex Products of Canada Limited has announced a new packaged specialty which meets the need for making paints mildew resistant. Available under the trade name AD-IT, this new product, it is stated, will enable painters to obtain cleaner-looking paint surfaces that stay fresh longer. Several paint manufacturers are in a position to supply mildew proof paint pre-treated with AD-IT, or it may be added on the job from handy one- or five-ounce bottles, sufficient to treat one or five gallons of paint. Write for complete information to Nuodex Products of Canada Limited, Leaside, Ont.

(Concluded on page 20)



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2. do they have few nibs?

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J&J Cotton Balls retain their shape even after handling.

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VERILOID*

IN HYPERTENSION

The patient with moderate hypertension, who constitutes the great bulk of hypertensives seen clinically, is the one that can benefit most from Veriloid. In his management, dosage is more simple, and the clinical response is as a rule excellent.

By controlling hypertension in its earlier stages, much can be accomplished. Many organic changes directly related to a sustained elevation of blood pressure can be prevented, expanding the years of physical and mental usefulness of the patient.

Veriloid—a distinctive, biologically standardized fraction of Veratrum viride—exerts its well-defined hypotensive action without sacrifice of postural reflexes so important for comfortable living. The average dose of from 2.0 to 5.0 mg. four times daily after meals and at bedtime usually produces a significant, sustained reduction in arterial tension. For optimal results, dosage should be carefully adjusted to the needs and tolerance of the individual patient.

SUPPLY

Veriloid is available at all pharmacies on prescription only in 1.0 mg. scored tablets in bottles of 100. Literature available on request.

*Trade Mark of Riker Laboratories, Inc.

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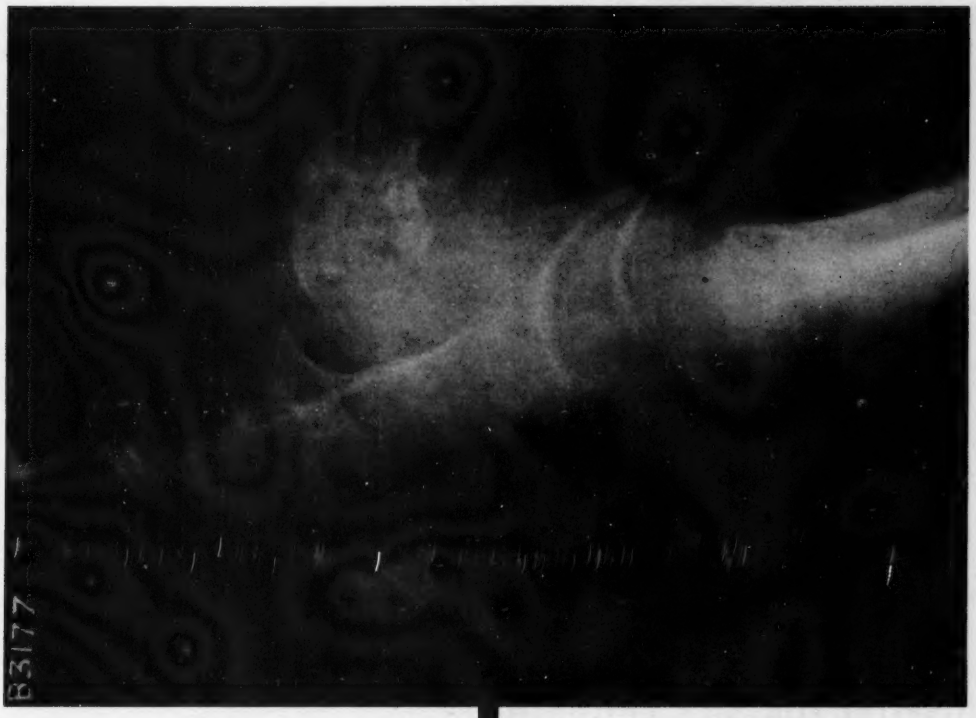

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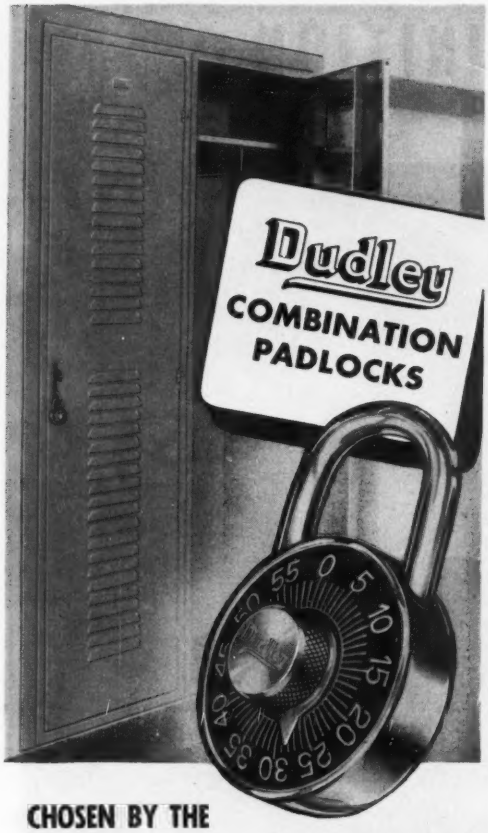

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Across the Desk

(Concluded from page 16)

Dr. Castor General Manager of Surgical Firm

Gilbert Surgical Supply Company, Toronto, annnounce the appointment of Dr. J. B. Castor as General Manager. Formerly associated with Surgical Supplies Limited, Dr. Castor has been connected with the surgical supply business for many years.

* * * *

Dixie Cup Sales Manager

The Dixie Cup Company has appointed Ralph N. Isaac as General Sales Manager for Canada, replacing Vern Mahoney, new Metropolitan New York Sales Manager. Mr. Isaac has long been active in the paper cup and container industry. His headquarters will be in Brampton, Ont., the company's manufacturing headquarters in this country.

* * * *

Elevator Safety Standards

Because much of the development which has cut the annual elevator accident rate by 97.5 per cent in the last 50 years has been recent, many elevators still in service do not come up to present minimum safety standards, F. Stuart Harwood, Assistant Chief Engineer of the Turnbull Elevator Co. Limited, Toronto, told a recent meeting of the Hamilton Electrical Maintenance Club.

Minimum safety standards for passenger and freight elevators, Mr. Harwood said, should include: All entrances protected by doors (or 5′ 6″ gate in the case of freights) with interlocks on these doors; terminal stop switches. Two separate stopping methods are required at each end to protect against failure; safety beam under the car with speed governor to prevent overspeed in the down direction; electric brakes on the hoisting machine to stop the car in the case of power failure; direct drive from the motor to the hoisting machine. Single or double belt drives are sub-standard but V-belt drive is acceptable on old installations.

* * * *

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* * * *

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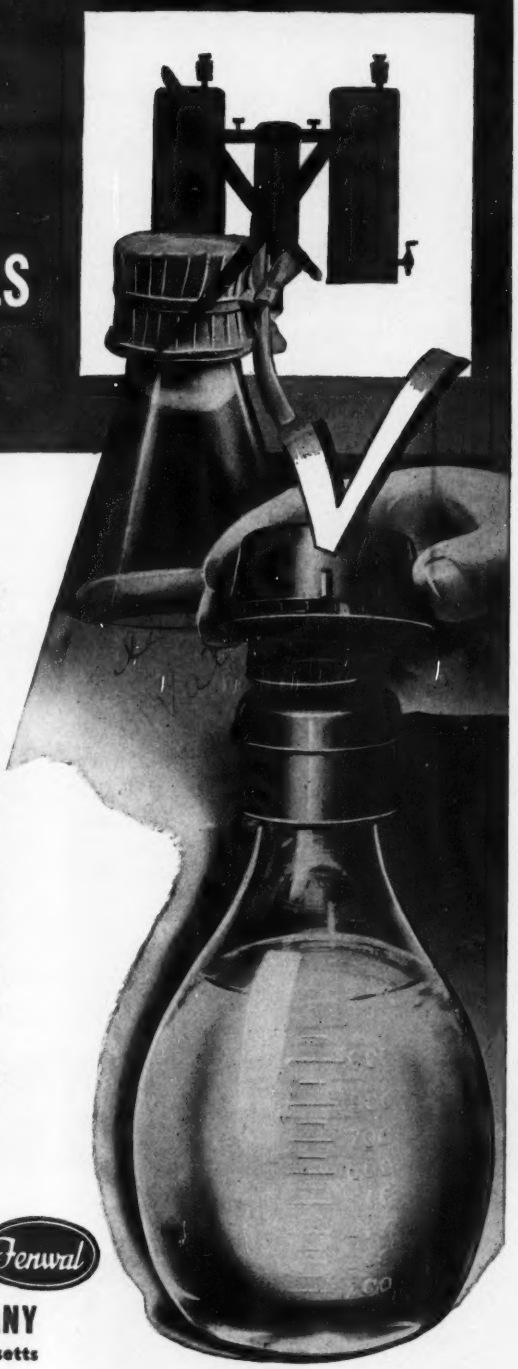

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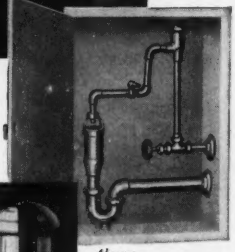

Above: operating room aspirator, C7564, recommended for use with autopsy table.

Left: C7830 vacuum breaker, for use with autopsy table, automatically vents supply line to atmosphere.

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L. O. Bradley, M.D., Editor

THE CANADIAN HOSPITAL

Toronto, June, 1951 Vol. 28 No. 6

Obiter Dicta

The Status of the Hospital Dietitian

(Contributed by Edith Wark, President of the Canadian Dietetic Association).

YESTERDAY, the hospital dietitian was one of a new profession, unknown to the general public. She was given little recognition even by her employers and was handicapped on all sides. How often did we find her in a far off, seldom seen part of the hospital, lacking the authority to select or discharge her own staff, having no voice in the quality of food or equipment, and yet expected to produce good food. Her duties were chiefly the preparation of "special" diets and other sections of her department were given little, if any, consideration. Nevertheless, all the criticisms of food and its service were directed towards her.

Today, the dietitian is recognized by the thinking administrator as one of the executive body of the hospital. Since she is responsible for the expenditure of more than 25 per cent of the hospital monies, she either does the purchasing for her department or decides on the quality of goods to be purchased. Her work is no longer just the preparation of "special" diets. She directs the activities of the entire department, from the selection or purchase of food through to service to patients and staff. Computing and supervising the preparation of therapeutic diets is a part of her responsibility. She interviews, hires, and fires, employees for her own department, and conducts the training of new employees to assist in maintaining a high standard of food. She plans her own kitchens, cafeterias, and serving pantries, and also selects equipment for greater efficiency and ease of work. Many new ideas for labour-saving devices have been put into practice through the work and foresight of dietitians.

The growing awareness of the role nutrition can play in the health of the nation is bringing the dietitian into the foreground in the feeding of staff as well as the sick. The value of her training in nutrition and chemistry is being recognized in medical research. Note the number of hospitals across Canada employing one or more dietitians in a team with medical and laboratory research workers. As a teacher, she instructs not only student nurses, as of yesterday, but medical interns as well. She likewise teaches patients on the wards and in clinics and trains new employees. To accomplish this all-embracing work of the dietary department, the dietitian needs the co-operation of all the services of the hospital and today she is receiving that co-operation in up-to-date hospitals.

Tomorrow? There are many new things in the world of a hospital dietitian to give food for thought. Among these are: newer and better methods in food service for patients; cafeterias for staff to equal or surpass any in the commercial field, providing food of the highest standard; better methods of storage; refrigeration; and frozen foods. Research will be offering many opportunities as more and more metabolic studies are made, hand in hand with newer medical treatments and drugs. All these and more, present a challenge to dietitians; and trying to find the answers makes the everyday job interesting and exciting in its possibilities. Our hope for tomorrow is that, with increased opportunities, more dietitians will become available and that every hospital, even to the smallest, across Canada will realize that a dietitian is an essential member of its executive staff.

Let us all resolve to make this possible by encouraging young women to enter the profession and by supporting our Association which is ever striving to raise professional standards. You who are today's dietitians can help to make the world aware of the importance of your profession to human welfare. Tomorrow is in your hands!

A Step to Relieve Nurse Shortage

CHANGES in the National Health Program announced by the Hon. Paul Martin at the C.H.C. biennial meeting, (see page 41), make welcome news to Canadian hospitals. The Canadian Hospital Council has urged, and in these pages we have repeatedly suggested, that financial aid through the national health grants was needed to stimulate construction of nurses' residences and training facilities as well as to improve ancillary hospital services. We are indeed pleased that steps are now being taken towards meeting these needs.

However, one of the key factors in the nursing shortage has been the lack of adequate educational facilities (classrooms, laboratories, et cetera) and this will be met only *in part* by the per-bed grant. We would now hope that the provinces, which constitutionally are responsible for education as well as for health, will extend their aid. A substantial provincial grant would be a real tonic and would make possible adequate facilities for nurse education.

We do not make any specific suggestion as to what the size of the provincial contribution should be since these governments know what it costs to build a good public or high school. They know also that anything costing $1,000 to build in 1948 will cost at least $1,500 today.

The nursing shortage can be overcome if there is a genuine interest and new initiative displayed *by all* concerned. Now is the time to forge ahead.

We Are What We Eat

WHILE this may be sound biochemistry and physiology, the statement is usually made in a subjective rather than an objective sense. Few patients comment objectively about food values or how food suits them nutritionally. In almost every instance one hears the purely subjective "nice hot food", "tasted wonderful", or perhaps more often "sad soup", "tired toast" or "tepid tea".

Objectively now, the pale and prostrate patient is not qualified to pass unbiased and detached judgment on the quality of the victuals. There is much scientific clinical data to show that each departure from the state of physical normalcy has a concomitant deviation from mental equilibrium (psychosomatic medicine). Therefore, can the oft-repeated stories about poor food in hospital be given much weight when the patient is really temporarily abnormal or at least emotionally disturbed? Unfortunately the patient remembers only his personal reaction, which occurred during illness, and this impression is what is reported, perhaps many times.

The above would suggest that for the patient's sake and the resulting effect on public relations, it is important to stress taste, aroma, and appearance of food; and perhaps worry less about vitamins, minerals, and other food values, for the few days of average hospital stay. While this may seem to pose a paradox, it is not necessarily so. The rapid growth of medical knowledge has forced an intense specialization within the medical profession and allied professional groups. Recently we have witnessed a renewed emphasis— indeed it amounts to another specialization—upon treatment of the whole patient as a person, in mind and body. In some instances in the past, pressure of work and time has made the physician careless of this aspect of medical treatment and too often this fault has found a parallel in the dietary service. Increasing demands for therapeutic diets, teaching, and food cost accounting, et cetera, distract the dietitian and can too easily result in nutritious foods lacking attraction.

Cheerful and contented is the patient whose meal tray pleases him and this very feature may well speed his recovery. Hospitals buy good food and serve good food but it is an important therapeutic procedure in itself to treat the patient with dishes that smell good, look good, and are at the right temperature. This is what the patient spends most of his time thinking about and later describes to others. If we eat well we are usually happy for we are what we eat.

Materiel Shortages Again?

THE word "shortage" is again taking on a once familiar meaning. In these days it can always be used freely when discussing personnel problems and is a popular term among doctors when the conversation turns to the subject of hospital beds. To the administrator, it has a dollar connotation but recently it has come into use again in a sense all too common during World War II. Here and there we hear that certain supplies required for day-to-day use and also construction materials are in short supply or that delivery is slow and uncertain. This may well be so with respect to articles in a number of categories but just murmuring about the difficulties entailed will not ease the situation and may make it worse. As is well known, rumours of short supply can lead to unnecessary buying on the part of some individuals or organizations. Thus fear of shortage, real or apparent, starts a merry-go-round that spins to the disadvantage of all hospitals. It would be wise to refrain from conversation which might help to spread concern.

On the other hand, should you have first-hand information with respect to a shortage of any essential article or experience undue delay in obtaining what you require, it would be to the advantage of all hospitals if you would notify your national organization *viz* the offices of the Canadian Hospital Council. Working at national and international levels, the Council can keep in touch with problems as they affect the hospital field in general.

When a shortage or an unusual delay occurs, a short letter giving detail on the article or material, stating number or amount required and other supporting data, should be sent to the Council. From this accumulated information, it will be possible to make representation to the appropriate private and governmental agencies. If these isolated grumbles are put together, they can become a shout that will make hospital needs felt and lead to remedial action.

Nutrition for Older People

E. W. McHenry, M.D., F.R.S.C.,
Professor of Public Health Nutrition,
University of Toronto,
Toronto, Ont.

THERE is an increasing interest in the community's responsibility for older people. This phrase, older people, is a polite term which has come into recent use to replace the harsh expression, the aged. We are referring to people past sixty or sixty-five, the age which now marks retirement from active work for most people. The percentage of older people in the population has increased somewhat and will increase still further. It should be noted that the greater proportion of older persons results from the decreasing death rate of children and from the decreasing birth rate. The increasing amount of compulsory retirement is creating a series of problems. Compulsory pension schemes are making it difficult for middle-aged persons to obtain employment. Compulsory retirement frequently robs business of very useful employees and often is the doom of a retired person.

We have a great deal of information as to what children should be like at different ages as far as their physical and mental characteristics are concerned. It is possible to set down a fairly complete description of what a normal child should be like at any age. However, we have no information about older people. How vigorous, both physically and mentally, should we expect a man of seventy to be? As it now stands, we know that there is great variation but we do not know the causes of the variation. Some people show as much sign of senility at fifty as others do at seventy-five. What are the causes of premature senility? We must confess that we do not know nor do we know at what age senility should set in or what to do to delay it. What we must do is to study older people as we have children. It would be advisable for our government to devote to research on old age a small fraction of the money contemplated for old age pensions. Before many years pass, the results would amply justify the expenditure.

As the percentage of older people in the population increases, their health is becoming a matter of growing concern. During the past fifty years we have learned a great deal about the care of infants and children. At least, we have been able to prevent the cemeteries from being dotted with the graves of young children as was the case a century ago. How much do we know about the best care and arrangements for older people? It has been said frequently that older people should have more warmth, more rest, less work, and less food than younger persons. What about the nutrition of older people?

Food for Older People

The total energy requirement of an individual consists of two components: the energy required to maintain life (meaning to keep the body warm and to enable vital organs to function) and the energy required for exercise or work. The amount of energy required to maintain life declines slowly from youth onward and is somewhat less in older persons. Generally speaking, older people are less active. Consequently, the total amount of food required by older people decreases. There are two precautions concerning the total amount of food which should be emphasized. Excess food, causing overweight, is undesirable because overweight shortens life. Under-consumption of food leading to unnecessary wasting of the tissues is equally undesirable. For each individual there is an optimal amount of food which can be determined only on the basis of individual need.

Protein Requirements

Protein is one type of food constituent which older people frequently neglect. Meat, cheese, and milk, are not likely to be eaten in adequate amounts. This neglect can be explained easily. Less meat is eaten because of a mistaken notion that meat is harmful for older people. Little or no cheese is eaten because of the old wives' tale that cheese is indigestable and constipating. Little milk is taken because present-day oldsters grew up in an age when the value of milk was not appreciated. Most people know that protein is needed for growth but it is not generally realized that there is a constant destruction and loss of body protein which must be made good from the food supply at any age. Throughout human history the most virile people have been liberal consumers of protein, particularly animal protein as is supplied in meat, cheese, eggs, and milk. It is important that older people should have an adequate supply of protein.

Minerals and Vitamins

The essential mineral elements are necessary for growth throughout life. Older people need two minerals in particular—calcium and iron. The body endeavours to keep a fairly constant amount of calcium in the blood. If the intake is insufficient for this purpose it is known that calcium can be withdrawn from the bones with the consequent weakening of bone structure. Although not proven, it is likely that the increased fragility of the bones of many older people is the result of a long-standing, inadequate supply of calcium in the food consumed. It is hardly necessary to remind you that Canadians are dependent on milk and cheese to ensure a proper intake of calcium. An adequate supply of iron is necessary for the prevention of a type of anaemia which can be common in older persons. All the iron that is needed can be obtained from foods if a suitable choice is made.

The requirements for various vitamins are, so far as we know, neither greater nor less for older persons. Vitamin D, which is required for bone growth, may or may not be needed by older people. All of the other vitamins are as much needed in age as in youth.

Nutritional requirements become practical when they are expressed in terms of everyday food. The best general guide for the choice of food for older people is contained in Canada's Food Rules. The use of these recommendations will ensure adequate protein, minerals, and vitamins. Following are the food rules as applied to older people:

1. *Milk*—at least one-half pint and preferably one pint a day.

2. *Fruit*—a serving of citrus fruit and of one other fruit a day.

3. *Vegetables*—a serving of potatoes and one serving of each of two other vegetables a day.

4. *Cereals and Bread*—a serving of whole grain porridge, like oatmeal, with liberal amounts of milk every day. Four slices of bread a day.

5. *Meat*—a serving of meat, fish, or fowl every day.

6. *Eggs and Cheese*—each of these foods at least three times a week.

These foods are available in most parts of Canada. They can be used to provide three appetizing, interesting, meals a day.

Food and Its Service

Although our usual feature, "Food and Its Service", sponsored by the Canadian Dietetic Association is not included this month, the subject is receiving special attention throughout this issue. For their assistance, we are grateful to members of the C.D.A.

Several aspects of these general recommendations should be noted. A total quantity of 1800 calories a day is suitable for many older people. If more food is desirable it would be satisfactory to have larger portions or more than one serving of a food during the day. Several precautions should be noted. Fried or fatty foods should be limited or omitted since they cause digestive difficulties. It is advantageous for most older people not to have a very large meal. It is useful to increase the number of meals and to eat more frequently, but it is not good to eat too much at one time.

* * * *

Un Résumé

Depuis plusieurs années le pourcentage des personnes agées (*i.e.* plus vieilles que 65 ans) a augmenté de façon notable. Ce fait est du au taux diminué de la mortalité infantile et des naissances. La mise à la retraite obligatoire à un âge fixe a causé de nombreux problèmes. Nous possédons très peu de renseignements sur ce que nous devons considérer normal chez un homme de 70 ans. Certaines personne de 50 ans montrent autant de sénilité qu'une autre de 75 ans. Nous ne savons pas pourquoi la sénilité s'installe précocement chez certains.

La santé de ces personnes agées est encore remplie de mystères. Cependant les lois qui régissent la nutrition dans ces cas sont mieux connues. La plupart de ces personnes ne mangent pas assez. Il s'ensuit une diminution des réserves de l'organisme. Les personnes agées ne prennent en général que peu de protéines et nous pouvons facilement nous expliquer ce fait. La viande est mise de côté parce qu'elle n'est pas supposée être bonne pour les vieillards. Les fromages sont délaissés sous prétexte qu'ils sont indigestes et constipants. La valeur du lait n'est pas appréciée. Les minéraux essentiels comme le calcium et le fer sont négligés et pourtant ils sont très importants. L'auteur donne ensuite un régime minimum pour les personnes agées afin de leur procurer 1,800 calories par jour.

Plusieurs facteurs contribuent à une nutrition défectueuse. Les prothèses dentaires sont plus ou moins satisfaisantes et les vieillards ne se donnent pas la peine de les remplacer. Ces personnes sont réfractaires à de nouveaux aliments et ne veulent pas les essayer. De plus, un grand nombre de ces personnes agées habitent seules et ont peu de facilité pour faire la cuisine.

Les personnes agées doivent manger en quantité suffisante et nous devons nous faire un devoir de les y aider.—*Yves Prévost, M.D.*

There are many factors which tend to cause poor nutrition in older people and they must be considered. An aspect which is often overlooked is lack of teeth. Poorly fitting dentures, which may have been good when first obtained but which are now unsatisfactory, can limit the use of foods to those which require little chewing. The foods which are avoided are often those which are desirable from the viewpoint of health.

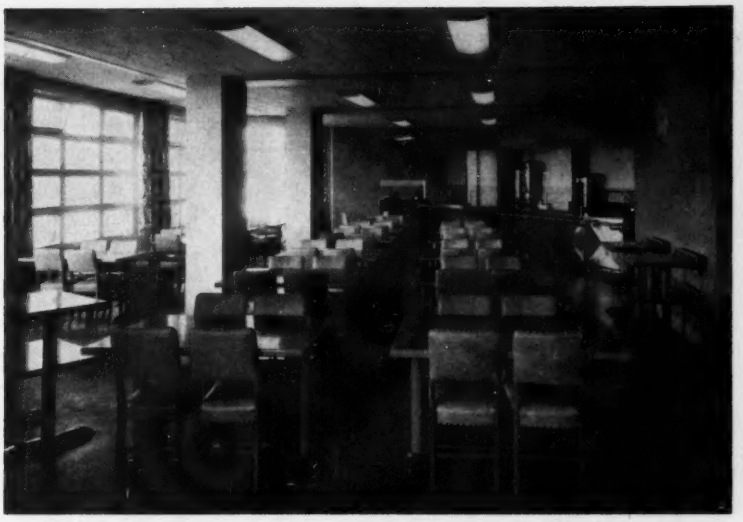
The ability to digest and absorb foods may be impaired in older people. This is the reason why fried and fatty foods should be avoided. Too much bread may cause digestive upsets. In addition to supplying protein and calcium, milk should be recommended for older people because it is easily digested.

Prejudice and Habit

Long-standing food prejudices and faulty food habits form one of the main causes of a poor state of nutrition in older people. I feel very sorry for the person who won't try new foods and who insists on sticking to the same few foods with which he grew up. This unwillingness to try new foods becomes worse as the person grows older. If we could induce older people to have a little of everything and not too much of any one food, the chance of good nutrition would be better. The tendency in advanced old age is to revert to the customs and foods of childhood and to restrict more and more the choice of foods. This situation is further complicated by belief in a number of erroneous notions. An elderly woman told me a while ago that milk should not be consumed because it caused phlegm in the throat. I thought that this notion had died years ago. Reference has been made already to the mistaken idea about cheese being constipating. There are many more such foolish ideas. Oranges and tomatoes can't be eaten, some think, because they are acid. Meat is said to cause high blood pressure. These ideas could be considered amusing if they were not so harmful; for they do prevent people from eating healthful foods.

One of the worst aspects of the present inflation is the effect on older people who are trying to live

(Concluded on page 92)



Attractive, modern, well-lighted cafeteria, with acoustically treated ceiling to reduce noise.

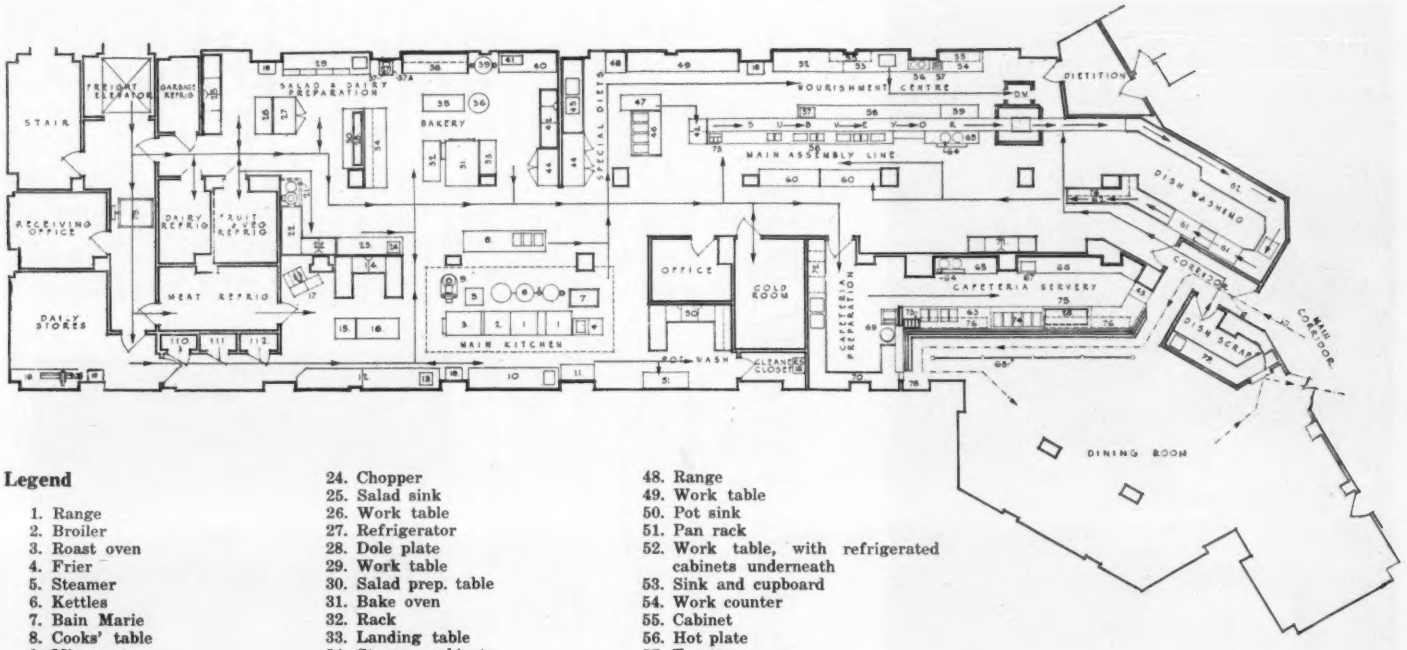
A DREAM IS REALIZED

Aileen Morgan, B.H.Sc.,
Dietitian-in-Chief,
Peterborough Civic Hospital,
Peterborough, Ont.

THIS is "a dietitian's dream come true." That was the remark made by one dietitian when visting our new dietary department at the Peterborough Civic Hospital. It is certainly that, and it is also the combined dreams of our architect, administrator, equipment engineer, and consulting dietitian, rounded out by the sympathetic understanding of our Board of Governors.

It is a kitchen and dietary department that has had the most careful consideration and planning by each member of this group. The architect, his head in the clouds, wanted wide open spaces, no walls to give a cut-up appearance, no deep-hanging canopies, no curbs around stock pots, a long wide aisle for through traffic, and so on. The administrator, practical but an artist at heart, wanted efficiency (but happy efficiency), equipment that would last more than a lifetime and that would require the minimum staff, a kitchen good to look at but easily supervised with no loopholes for the leakages and waste that so often occur in such departments. He wanted a tray service that would make the patients feel they were not mere cogs in a machine but human beings needing extra attention because of their illness. He also wanted a cafeteria that would be a joy for those using it as well as a means of getting a meal served. The equipment engineer in translating the dreams of these two incorporated some of his own in the beauty of the finishes and the practical working plans. The consulting dietitian, in charge of the dietary department of a mammoth institution, took time for sev-

Central dishwashing unit.



Legend

1. Range
2. Broiler
3. Roast oven
4. Frier
5. Steamer
6. Kettles
7. Bain Marie
8. Cooks' table
9. Mixer
10. Cooks' table
11. Rack
12. Work table
13. Meat slicer
14. Sink
15. Block
16. Table
17. Meat saw
18. Wash basin
19. Bread table
20. Slicer
21. Peeler
22. Veg. sink
23. Work table
24. Chopper
25. Salad sink
26. Work table
27. Refrigerator
28. Dole plate
29. Work table
30. Salad prep. table
31. Bake oven
32. Rack
33. Landing table
34. Storage cabinets
35. Rack
36. Bowl and stand
37. Mixer
37A. Table
38. Bakers' table
39. Kettle
40. Table
41. Hot plate
42. Bakers' sink
43. Trays
44. Refrigerator
45. Sink and Cupboards
46. Hot food serving table
47. Tray rack
48. Range
49. Work table
50. Pot sink
51. Pan rack
52. Work table, with refrigerated cabinets underneath
53. Sink and cupboard
54. Work counter
55. Cabinet
56. Hot plate
57. Toaster
58. Serving table
59. Ice cream cabinet
60. Dish storage
61. Dishwashing machines
62. Dish table
63. Ice cream cabinet
64. Urns
65. Stand
66. Work table
67. Toaster
68. Traffic rail
69. Cashier
70. Work counter
71. Silver soaking sink
72. Sections of tray slides
73. Cutlery, salt and pepper
74. Hot food serving table
75. Salad pan and refrig.
76. Overshelf
77. Counter
78. Water fountain
79. Floor scale
110. Frozen food
111. Fish refrigerator
112. Left-overs

eral conferences and checked numerous plans for the sheer joy of seeing a smaller institution adopt many of her own dreams. And so our kitchen, central tray service, and cafeteria, came into being. We have now had ten months of operation and can begin to estimate their worth and decide if our dreams *have* come true.

The traffic flow is excellent (see floor plan). First comes the receiving corridor, then the storage department consisting of a dry stores room, walk-in refrigerators for meat, dairy and vegetable foods, and reach-in refrigerators for frozen foods and fish. There is no confusion in receiving and storing supplies. The preparation areas come next, then the cooking areas. Food goes directly from the latter to the trayveyor and cafeteria as needed and there is no cross traffic at all.

Our small refrigerators in the different work areas are excellent. The salad department, bakery, special diets, nourishment centre, and cafeteria, all have their own refrigeration. Other features which we find most useful are the separate units placed at strategic points to keep our prepared foods at the proper temperatures. These units, which have adjustable controls, are electrically heated receptacles holding standard size pans and these obviate the use of steam tables. We like the special diet centre where the nurses prepare the trays and send them on the trayveyor with the regular diets. In this way patients on special diets have their trays at the same time as the other patients are eating.

Trayveyor

The traybelt and trayveyor have been found to exceed our expectations. Individual supervision of each tray, and the speed with which we can take the trays to the patients while everything is fresh, are two good features. It has been gratifying to find that we need a minimum of seven employees and a maximum of nine on the traybelt to serve the meals, the larger number being needed for dinner. We also have one employee going from floor to floor to remove the trays from the trayveyor. These are placed on trucks accommodating six trays and delivered to the patients by ward maids. Three to four of the latter are sufficient if they can go from floor to floor. If they are delayed in any way nurses and orderlies may be called on to carry trays.

Cafeteria

Not to be overlooked for its share of praise is the cafeteria. The pleasant view of the surrounding country from the large windows or the cheery effect of the drapes when drawn, the bright colour scheme, and the comfortable furniture, all contribute toward making this room outstandingly attractive. We have found the one dining room very satisfactory and we like the ease with which we can assemble and serve a meal. Twenty-four hour service has been instituted here. Snacks are available during in-between meal periods. The service we are able to give has had the effect of raising the morale of the whole staff and has been a comfort to those visiting critically-ill patients. While our system necessitates a night supervisor, this is an advantage as she can attend to any nourishments needed for the patients during her hours of duty.

This brings us to the nourishment centre. Here we prepare the in-between meal feedings for all patients. Student nurses prepare these during the day and cafeteria staff at night. We have found this an excellent way to keep a check on supplies that were formerly issued to the wards directly from stores.

In planning the dishwashing centre, fears were expressed that it would not prove satisfactory. From the point of view of the plans these fears were groundless, the only defect being that the ventilation

"Trayveyor" in operation. Dietitian is able to check the serving of all trays.

Right: A section of the kitchen showing the equipment set-up which is designed to eliminate cross-traffic.

Left: Same section of the kitchen picturing the chefs during a busy day.

has not been quite adequate to remove the volume of steam produced. Central dishwashing has eliminated much of the noise on the wards and is more easily supervised.

From the standpoint of constructive criticism, I believe a larger area for salad preparation could be used at the expense of a slightly smaller bakeshop and that an outside office is preferable where posble.

We have found our dreams are practical and efficient. Those of us who work in this department are proud and happy to have the opportunity of trying them out for ourselves. I believe we may say with confidence that the reality is as good as the dream.

* * * *

Planning Team

A spirit of co-operation and teamwork is much in evidence in the organization of this dietary department and is largely due to the combined efforts of the planning team. This group included the architects, W. and W. R. L. Blackwell and Craig, Peterborough, and Govan, Ferguson, Lindsay, and Associates, Toronto; Margaret Ketchen, dietitian-in-chief, Toronto General Hospital, Toronto; L. R. Bedford, Wrought Iron Range Company of Canada Limited, Toronto; John Hornal, superintendent, Peterborough Civic Hospital; and Aileen Morgan, dietitian-in-chief, Peterborough Civic Hospital. *(Ed.)*

Canada's Vegetable Crop

Just a century ago, vegetables were only of minor importance in the diets of the people of Canada and the United States. Now, because of the improvement in production, marketing, and shipping, many kinds of vegetables are found throughout the year on Canadian markets. . . .

In Canada there are 14 major crops of vegetables, exclusive of potatoes. These are: asparagus, beans, beets, cabbage, carrots, cauliflower, celery, corn, lettuce, onions, parsnips, peas, spinach, and tomatoes. In 1948 and in 1949 the estimates for total production in pounds show tomatoes, corn, and onions, ranking first in this order, followed by carrots and cabbage. It is interesting to note, from the 1949 estimates of production, the two vegetables produced to the greatest extent in the various areas of Canada. In the Maritime Provinces, the most widely produced vegetables are carrots and cabbage; in Quebec, celery and tomatoes; in Ontario, tomatoes and corn; in the Prairie Provinces, corn and onions; in British Columbia, tomatoes and onions. Of all the vegetables, except potatoes, Ontario, Quebec, and British Columbia, produce 90 per cent of the total crop.—*From "Nutrition Notes", February, 1951.*

Recent Trends in Kitchen Equipment

Celia L. Fergusson,
Dietitian,
Bank of Canada,
Montreal, P.Q.

AS food service operators, we have long been aware of the advantage of durable, sanitary kitchen equipment, designed to give the maximum in efficient service with the minimum of maintenance. In these days of high food costs and payroll expenses, there is an increasing awareness of the importance of well-planned, efficient equipment. As a result many new developments have been made with regard to details in the fabrication of kitchen equipment, in the past few years.

Welding

A wider use of welding is now eliminating the use of the old type bolts and riveted and soldered joints in equipment. This applies to the manufacture of work tables, counters, dish tables, and the body construction of cabinets and warmers. The use of welding is also advantageous in the assembly of pipe understructure to eliminate rail fittings in connection with vertical legs, cross bracing, and tubular shelf stretchers.

An effort is being made to eliminate unsightly fittings such as threaded elbows on steam coils, waste pipes, and water piping by joining parts with well designed forgings and castings.

Welding is making possible the construction of larger pieces of equipment. Instead of having a number of units or working surfaces placed side by side and leaving dirt-catching divisions between, we may now insist upon having a long streamlined one-piece unit.

In the construction of steam kettles, the trend is toward elimination of all bolts and nuts in the cover or body by use of spot welding. The sharp rim inside the cover is replaced by a gradual curve. The faucet, now used, is of the dairy type in which the centre part lifts out for complete cleaning throughout the pipe. The base of a steam kettle is often made as an enclosed unit to encase the pipe fittings. A very recent method of installation is to support the kettle on the wall with a special type of bracket. The space below the kettle is entirely clear and makes cleaning easy. This type of installation is used also for sinks.

The rounded corner construction for sinks has long been recognized. There are now several methods for making these corners and they are used to advantage in such pieces as the bain marie, cold salad pan, warmers, cabinets, dish tables, drawers, and in almost any place where a square corner will result in dirt collection. Sharp edges on any equipment are rolled under to afford ease in cleaning and safety to the worker.

External framing and inside angle framing in warmers, counters, and cabinets is being largely replaced by the use of the box-type construction. The tops of cabinets or any high piece of equipment are now made slanted rather than flat to avoid dirt collection.

Trim on doors, corners of cabinets and counters, is being avoided by the use of a heavier gauge stainless steel which gives a neat, smooth result and is easy to clean. It is preferable to nickel and chrome plated materials for brackets, handles, hinges and locking devices, since the finish of the latter metals will deteriorate where stainless steel will not.

More attention is now being given to proper insulation between the cold parts of the serving counter and the heated units. This greatly increases the efficiency of both sections.

The height of working surfaces is now accepted as 36". The use of a low table and benches for tedious jobs which may be carried out by the worker in a seated position is being recognized in equipment design. The adjustable ball foot has done away with the wabbling table or work surface.

In construction of sliding doors on cabinets or steam tables, there is a trend towards doors hung on overhead tracks. The doors slide on ball bearings and are removable. They are guided at the bottom by open slots which allow dirt to fall to the floor.

The hood over ranges and cooking appliances is being made more attractive by use of stainless steel panels. It is made safer from fire by encased wiring and grease filters. The wiring may be sealed in, and lights of the flush type installed. A filter is now in use which can be easily removed for cleaning purposes.

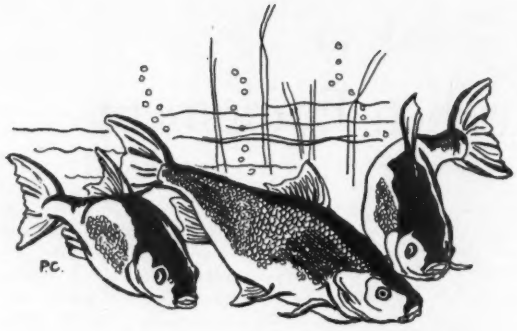
Mobile Units

To increase their usefulness in various locations, more pieces of equipment are being made mobile. Casters may be put on such pieces as small tables or tray racks. These swivel casters are now made with locking devices. Small frames on casters are used for transporting stacked trays, bottle cases, and garbage cans. Bins to fit under bake tables are now put on casters for ease in handling.

The dispensing of trays, china, and glasses, becomes easier and more convenient through the use of "Lowerator" automatic dispensers. Lowerator units installed in counters consist of containers worked by a simple calibrated spring. Supplies, such as saucers are loaded from above into the container. As one saucer is removed from the top, another comes up to take its place, automatically. Lowerator units can also be installed for operation in refrigerated cabinets. Items such as milk, fruit juices, ice cream,

(Continued on page 72)

Further information concerning various pieces of equipment and manufacturers may be obtained by writing to the author or this magazine. It is recognized that, because of pending restrictions on imports and possible shortages, some of the equipment described in this article may not be obtainable in Canada at the present time.



Fish as Food

Edith L. Elliot,

Chief, Home Economics Section, Department of Fisheries, Ottawa, Ont.

THE waters of Canada's east and west coasts, as well as our inland streams and lakes, yield an abundance of food fish. Too few Canadians fully appreciate the possibilities of fish and shellfish in the diet and, therefore, do not enjoy fish as often as they might.

Fish requires extra care in both handling and cooking. Too often ignorance of fundamental principles, or carelessness in carrying them out, brings fish to the table as a dry, overcooked, unappetizing product.

Fish is a cold blooded animal and, therefore, enzymic actions take place even at a low temperature, as soon as it is taken from the cold water and killed. There is a slimy coating around the fish which protects it while it is in the water but also provides an excellent medium for incubation of bacteria. Fish, therefore, is a most perishable product and requires special care from the moment it is caught until it is served.

Modern refrigerated shipping facilities bring fish speedily to the market and keep it fresh. Today's practice of cleaning and quick-freezing fish as soon as possible after it is caught, and keeping it frozen until sold, is a means of extending the season. In this way, there is a variety of both fresh water and salt water fish on all markets throughout the entire year. The person responsible for planning meals can make good use of fish in some form and could serve it several times a week.

Kinds of Fish

Fish is mild in flavour and delicate in texture with little connective tissue. Thus it is an ideal protein food. The amount of protein per pound varies slightly but in general it is about the same as meat. The fat in fish is distributed throughout the muscular tissue and little is found as separate fatty tissue. Fish are divided into classes, according to the fat content. The common, non-oily or "dry" fish include bass, catfish, trout, pickerel, pike, perch, cod, flounder, haddock, halibut, pollock, and sole. Salmon, herring, shad, tuna, and mackerel, are classed as fat or oily fish. These oily species supply about three times as much energy as non-oily fish.

Non-oily or "dry" fish, although not as full in flavour or as high in calorie value, commend themselves for use in hospitals. Non-oily fish are easily digested because the connective tissue is gelatinous and breaks down easily during cooking. The tissues of fatty fish are saturated in oil and for this reason digestion is more difficult.

The water content of fish is high but this water in the tissues contains soluble protein and minerals. Phosphorous, iron, copper, magnesium, and fluorine, as well as other minerals are present in small amounts. Oysters, sardines, sprats, and smelts have a good supply of iron and copper.

Although fish livers are our principal source of vitamins A and D, the flesh of the fish is not considered of importance for its vitamn content. All species, however, carry some of these two essential vitamins and also traces of thiamin, riboflavin, and niacin. Salmon is rated high for vitamn A with the red species higher than the paler pink types.

Fish may be purchased in many forms: round (just as it comes from the water); whole dressed (with fins, tails, entrails, and scales removed); or in fillets which have been boned and are practically ready for cooking. Fish should always be bought from a place that has adequate refrigeration and used as soon as possible after purchasing.

Frozen fish should be carefully wrapped and stored in the coldest place in the refrigerator. Fish requires lower temperature than meat to prevent spoiling. If frozen and wrapped when purchased it should be kept frozen and never be allowed to thaw and re-freeze. A "fishy" odour is developed by careless storage, either in the market or after it has been delivered to the institution.

It is very easy to estimate the amount of fish required. Fillets are all edible and practically boneless; therefore, three servings per pound is the usual yield. Steaks have some bones but because they are cut from large fish the bones are large and thus readily seen and easily removed. One pound of steak will yield three servings. When fish is purchased whole, one-half pound should be allowed for each serving.

To Remove Odour

No odour will cling to the hands if they are rinsed in cold water before touching raw fish. After handling fish it is wise to rub the hands with moistened salt then

rinse them with clear warm water before washing with soap. Dishes which have been used in preparing fish should be rinsed in strong, warm, salt solution or boiled in a vinegar solution before washing in hot, soapy water.

When preparing fish for cooking, wipe it carefully with a damp cloth; never wash or soak it in water. In this way the valuable juices are not lost.

Ways to Serve Fish

Since connective tissues need no softening, it is recommended that fish be cooked quickly at a high temperature. For baking fish, the oven should be very hot, from 450 degrees Fahrenheit to 500. This high temperature will cook fish until it flakes apart easily although remaining tender and juicy. The soluble protein in the juice is coagulated but not toughened. Long cooking at low temperature dries and toughens the tissue.

Canned fish, particularly chicken haddie, salmon, and tuna fish, are excellent for chowders, casserole dishes, or salads. Chicken haddie is inexpensive, mild in flavour, and tender in texture. It may be used in many attractive supper dishes.

Appetites are aroused and preferences established in any food when it is well served. Cooked fish is extremely tender and falls apart easily; therefore, extreme care is necessary in transferring it to the plate. Cutting into individual portions before cooking often facilitates serving.

Sauces and Garnishes

When choosing a sauce for fish, first consider whether the fish is lean or fat. Fat fish are rich in their own oils and require only a piquant sauce to accent the characteristics of the fish. Tomato sauce, horseradish, and fresh cucumber sauce are excellent. For fish with little fat, the sauce should have butter or other fat as well as some flavour to complement the natural characteristics.

A dash of acid is almost a "must" with fish. A slice of lemon served as a garnish, a few drops of vinegar sprinkled over the fish before serving, or a tomato sauce, are the answer to this need. Herbs such as dill, tarragon, parsely, or thyme, go well with fish either in a bread dressing or in the sauce. In using herbs, it must be remembered that a little goes a long way. Too much will spoil the delicate, natural flavour of the fish.

Oven Broiling Fish

(Yield: 50 servings)

17 lbs. fish fillets
3 cups milk
3 tablespoons salt
3 cups fine bread crumbs
1½ to 2 cups oil or fat

Cut the fish into individual servings. Dip pieces into salted milk, then roll on bread crumbs. Place on an oiled baking pan. Sprinkle each piece with 1 teaspoon of oil or melted fat. Bake in a very hot oven 500 degrees Fahrenheit. Allow 10 minutes per inch thickness of fish.

Un Résumé

Les eaux des côtes est et ouest du Canada, aussi bien que les lacs et les cours d'eau de l'intérieur, fournissent une abondance de poissons comestibles. Trop peu de Canadiens apprécient à leur juste valeur les possibilités du poisson, des mollusques et crustacés dans l'alimentation, et trop peu en mangent aussi souvent qu'ils le pourraient.

L'apprêt et la cuisson du poisson exigent des précautions particulières. L'ignorance de certains principes fondamentaux ou la négligence dans l'exécution des soins qui en découlent font que le poisson est trop souvent servi sous la forme d'un aliment sec, trop cuit ou peu appétissant.

Le poisson est un animal à sang froid et par conséquent il subit l'action des enzymes, même aux températures basses, dès qu'il sort de l'eau et qu'il est tué. La couche de mucus qui entoure le poisson le protège lorsqu'il est dans l'eau, mais elle fournit d'autre part un milieu très favorable à l'incubation des bactéries. Le poisson est donc une denrée excessivement périshable qui réclame des soins particuliers à partir de l'instant où il est pris jusqu'au moment où il est servi.

Grâce aux méthodes modernes de transport réfrigéré, le poisson est livré sans retard au commerce et conservé frais. La pratique courante du nettoyage et de la congélation rapide du poisson peu après sa capture, ainsi que sa conservation à l'état congelé jusqu'au moment de la vente, sont autant de moyens d'étendre la saison et d'avoir toute l'année durant une grande variété de poissons d'eau douce et d'eau salée sur tous les marchés.

Le poisson congelé, s'il n'est déjà enveloppé au moment où on le reçoit, doit être soigneusement enveloppé et serré dans la partie la plus froide de la glacière. Pour éviter qu'il ne se gâte, le poisson doit être conservé à une température plus basse que la viande. S'il est congelé et envolppé au moment de l'achat, il faut le garder congelé. Il ne faut jamais dégéler et recongeler le poisson.

Il est très facile de juger de la quantité de poisson requise. Les filets sont entièrement comestibles et pour ainsi dire sans arêtes, aussi peut-on compter trois portions par livre. Les tranches ou darnes ont quelques arêtes, mais vu qu'elles sont prises sur des poissons de forte taille, ces arêtes sont grosses, faciles à voir et faciles à enlever. Une livre de poisson en tranches fera aussi trois portions. Si le poisson est acheté entier, il faut compter une demi-livre pour chaque portion.

La vaisselle qui a servi à la préparation du poisson doit être rincée à l'eau tiède fortement salée, ou bouillie dans une solution de vinaigre, avant d'être lavée en eau chaude savonneuse.

Le poisson que l'on prépare pour la cuisson doit être soigneusement essuyé avec un linge humide, mais jamais lavé à l'eau courante ni mis à tremper. Ces deux dernières manières de procéder lui feraient perdre des sucs précieux.

Le tissu conjonctif n'a pas besoin d'être amolli et l'on recommande de cuire le poisson rapidement à une température élevée. Lorsqu'on fait cuire du poisson au four, le four doit être très chaud, de 450° à 500° F. Cette haute température cuira le poisson jusqu'à ce qu'il se défasse

(Suite en page 104)

Dear Dairy!

M. Frances Hucks,
Director, Nutrition Service,
The Associated Milk Foundations,
Toronto, Ont.

MENU planning for patients and staff would be a formidable problem if dairy products were out of the picture. The dependence on milk and the foods made from it is never fully realized until some emergency threatens the supply—which, fortunately, rarely happens in a dairy country like Canada.

The unique food value of milk is the primary reason for its importance in hospital menus. However, of almost equal significance is its daily contribution to variety, appetite appeal, and the ease of serving which are essential to all well-planned meals. Menus would undergo drastic changes if it were necessary to plan them without milk, cream, butter, ice-cream, cheese, and the hundred and one dishes which include one or more of these stand-bys.

There is a third factor which points up the importance of dairy products in hospital food service; *i.e.* normally about one-third of the food budget is used to provide adequate quantities of milk and other dairy products. So from three major standpoints it is only reasonable that this group of foods should be selected, stored, and served to the best advantage.

Fluid Milk

Fluid milk, as all food supervisors realize, is a delicately-flavoured, perishable, product which must be fresh and of top quality when purchased. It goes without saying that only pasteurized milk will be used and in the vast majority of centres this operation is carried out under carefully controlled conditions in local dairies. If raw milk is purchased, the hospital, with comparatively simple equipment, can do its own pasteurizing. Adequately refrigerated storage, aseptic cleanliness, and careful handling, are essential to keep milk at its best until used. It is sound policy to outline a specific routine for the proper care of milk, milk containers, and milk storage facilities, and to post the rules in a conspicuous spot. There should be constant checking to make sure that these precautions are being observed. A satisfactory routine is outlined on page 68.

The type of fluid milk purchased will vary according to its use. Homogenized milk has advantages for some purposes. It is preferred by many as a beverage because of its uniform cream distribution. Fluid skim milk is indicated for some purposes. It is useful and economical in food preparation, is requested by some patients for beverage use, and is prescribed in some cases for special dietary modifications. Buttermilk and flavoured milk drinks are other forms which help keep milk consumption at the high level desired.

Judicious use of cream can add to a meal's attractiveness and help to increase the calorie content of normal diets for patients whose appetites may need a bit of pampering to induce them to eat the food they need. When high fat diets are indicated cream is almost indispensable. Its delicate flavour and versatility make it more acceptable than many other forms of fat.

Milk Products

Evaporated milk, which has had about half the moisture removed, and powdered milk with practically all the moisture removed, are other forms which may find special uses in hospital kitchens. They are of particular value in isolated sections of the country where fresh milk is unobtainable or the supply inadequate. Powdered milk offers an effective means of providing extra nourishment, when indicated, without materially increasing the total amount of food. Powdered skim milk is ideal for adding extra protein in those cases where tissue rebuilding foods are required.

The taste-appeal of good butter will help to tempt a patient's appetite. It is the natural accompaniment to bread, rolls, and toast, and can be the lure that persudaes the patient to eat the baked potato and other vegetables so necessary in balanced diets. First grade butter is desirable for all tray service and it should be kept in refrigerated storage away from all foods with characteristic odours which might be absorbed by it.

Ice cream is a perennial favourite in the dessert field and one which fits into all normal and many special diets for both children and adults. Variety in flavour, with an occasional garnish of sauce or fruit, will be welcomed. If it is possible to chill the serving dishes, it will help to avoid excessive softening before the patient reaches the dessert course. Try serving ice cream unexpectedly—there is a tendency in many hospitals to save it for Sunday.

Cheese can add flavour and substance to many dishes and there are enough varieties to appeal to everyone. Cottage cheese is excellent to add needed protein and calcium to the diet and can be used with both fruit and vegetables for salads.

The food supervisor or purchasing agent and the dairies from which supplies are purchased will find it mutually advantageous to have clearly defined agreements regarding quality standards, delivery arrangements, prices, and any other pertinent factors which are dictated

(Concluded on page 68)

Planning an Efficient HOSPITAL BAKERY

Sister Francis Eleanor,
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IN common with most other hospital divisions, the bakery affords almost unlimited scope for discussion. This article is limited to consideration of the following topics as they relate to a bakery in a hospital of 100 beds or over: location, size, structural materials; equipment and its arrangement; and personnel.

Location

The hospital bakery is an integral part of the main food production department. As such, it should be included in or be in close proximity to the general cold storage, the daily supply, and the main kitchen, while at the same time it should be out of the line of kitchen traffic. The elimination of doors and separating partitions (unless of dado-height) between the kitchen and bakeroom facilitates supervision, permits more efficient lighting and ventilation, saves space, and reduces cleaning operations.

Size and Structural Material

In determining the amount of space to be allocated to the bakery, we should consider not the immediate but the ultimate demands to be made upon it. This consideration will be applied as well to the selection and size of equipment. The minimum amount of space and equipment will include all that is essential for operations to be carried on in the department, with due reference to the number of personnel employed. The optimum in both space and equipment may be stated as that which requires a minimum of steps, with little or no cross traffic, and permits effective functioning with the least confusion. It is obvious from this that no one standard as to space, equipment, and its arrangement, will be applicable to all situations.

The hospital bakery which produces all its bread and rolls, makes its own ice cream, and offers a choice of several desserts, presents problems that do not arise when all bread is purchased sliced, ice cream is delivered from the local creamery, and when a choice of only two desserts is offered on the menu. However, a few general principles will, I believe, be applicable to any institution or bakery.

A non-porous material which lends itself to easy cleaning is preferred for this unit. Quarry tile is an excellent choice for institutional kitchen and bakeroom floors. Glazed or mat-finished ceramic tile is ideally suited to walls and may be applied as high as the ceiling or dado. This type of wall finish has proved its worth in long-time service and ease of maintenance. Its aesthetic qualities, too, recommend its use for hospital bakerooms as it can be obtained in white or in a variety of lovely pastel colours of high light-reflecting index.

Equipment

In the bakeroom, as in the kitchen, stainless steel or other non-corrosive metal is the material of choice wherever possible. The cost of so equipping a hospital bakery may seem very high on initial consideration. However, when viewed in the light of life expectancy, maintenance and repair savings, serviceability and labour-saving qualities, as well as satisfaction to employees, this initial expenditure may often represent the greatest part of the total cost for years to come.

It is true that the use of all-metal equipment, together with tile floor and walls, may cause considerable noise in the bakery. However, much of this can be lessened by acoustic treatment of the ceiling. Laminating the under-surface of metal shelving, sink drainboards and table tops, with a special acoustic preparation further reduces resonance. Insulation of sliding doors on closets and cupboards and the provision of ball-bearing tracks have been found to be similarily effective.

Arrangement of Equipment

In general, the U-shaped arrangement of bakery equipment permits an efficient work-flow. In the layout shown on page 76, no attempt at drawing to scale has been made. Its purpose is to illustrate compactness of working area, efficient work-flow, and the use of all available space.

Overhead cabinets above the work-table (1) and drawers and cupboards below, with similar cabinets above the sink (10) and slatted shelves below, provide facilities for storage of supplies and utensils without requiring additional floor space. A drawer beneath one of the sinks to house detergents and cleaning equipment is a desirable feature in any pan-washing area. In close proximity to the work-table (1) is the daily supply refrigerator (2), the nearby electric mixer (3), and a pastry bowl and stand on casters (4). Close to the floor drain (5) is the jacketted steam kettle (6) adjacent to the oven (7). This arrangement permits a single hood (8) to function over both. At the right of the oven is the baker's rack (9) for receiving the products as they are removed from the oven. At right angles to this bakery area is the pan sink (10), followed by a

(Continued on page 76)

A Novel Food Service System

R. Ray Copeland,
Administrator,
Port Colborne General Hospital,
Port Colborne, Ont.

THE first hospital to be established in the history of the town of Port Colborne was opened for patients on February sixteenth of this year, giving the citizens of this community entirely new and modern hospital facilities. (See *The Canadian Hospital*, Apr., p. 35.)

Location of Department

Throughout the hospital, the Board of Directors were particularly interested in having the latest, most up-to-date equipment installed; and this was very true of the dietary department. As a great deal of thought was given to the location of the kitchen-dining-room area, I would like to describe it briefly, pointing out some of the facilities that are available for the staff to carry on efficient work.

We did feel that the location of a kitchen and cafeteria is very important in the layout of a new hospital, both for efficiency of operation and for good employee relations. Therefore, they are situated on the main floor, in the south wing, overlooking Lake Erie. There are windows on both the east and west sides, as well as the south end of this wing, thus the kitchen is very bright and cheerful.

Layout

As we proceed from the main rotunda into the dietary department, we have the babies' formula room, on the right. It consists of a clean-up sink, where all bottles, nipples, and caps are washed and rinsed, and then passed through a small glass door to the preparation room. This room is equipped with a stainless steel work counter, with storage cabinets underneath. It also has the sterilizer for babies' bottles, and a hot plate for sterilizing formulae before they are taken to the nursery.

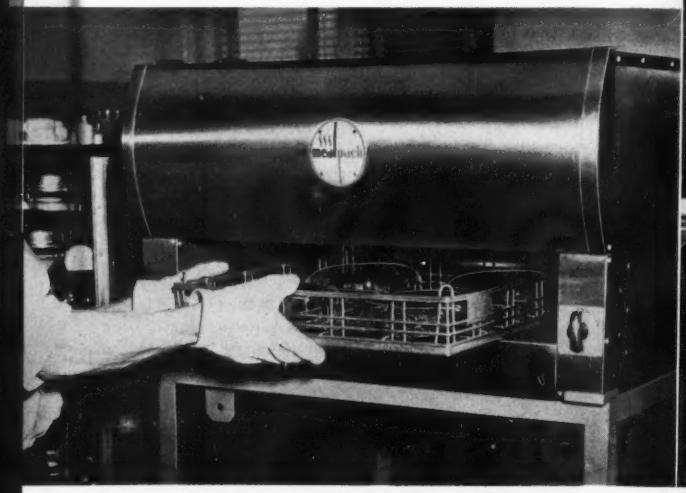
The next room along the corridor, on the south side to the right, is the special diet kitchen. Situated in one corner of this room is the ditetian's office with the entire south wall of glass. Thus the dietitian may have complete surveillance of kitchen staff and procedures at all times.

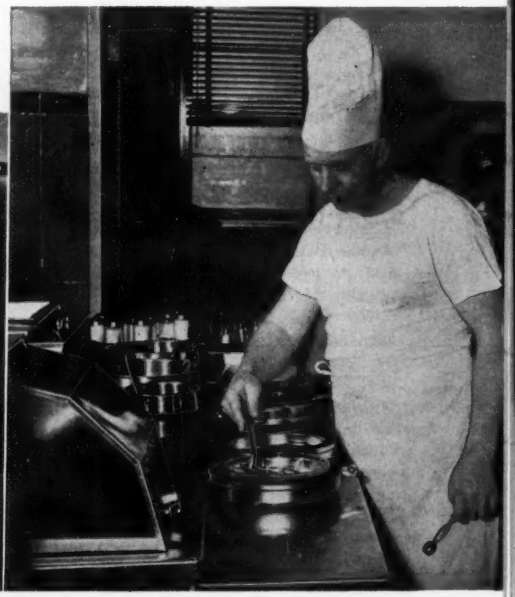
Along the extreme south wall of the kitchen, there is a large daily storage room; next to this, are two walk-in refrigerators, one for milk, butter and eggs, the other for meats; and located in an alcove nearby is the butcher's block for cutting meats. In an alcove, on the south wall, there are two more walk-in refrigerators; one is for vegetables, and the other is a deep-freeze, where frozen foods are kept at all times. Here, also, are a stainless steel sink and an electric potato-peeler. In the kitchen proper, the electric range, deep-fat fryer, bake ovens, meat slicer, and mixer, are located.

Along the northeast wall of the kitchen is the baker's work table made of stainless steel with a wooden top and bins underneath to keep supplies. This table is close to the bake oven. Just west of the ranges and oven, is the chef's table, and

Below: Pyrex dishes are placed in an infra-red heater, to be pre-heated.

Right: A chef packs the pre-heated dish with meat and vegetables.





next to this, the assembly-line equipment. It consists of a stainless steel steam table and storage space for assembling patients' trays. In a separate unit is the dishwashing room containing the mechanical dishwasher.

There are two dining rooms and a cafeteria. One dining room is for the convenience of employees from departments such as kitchen and laundry. The cafeteria, which serves food to all employees, has a second large dining room for doctors, administration personnel, nurses, technicians, et cetera, as well as visitors. Both dining rooms are very pleasant and bright. Furnishings have been chosen to lend an atmosphere of repose for busy employees during the dining interval.

All employees and visitors pay cash for meals received in the cafeteria. In other words, all staff members are paid a gross salary from which they pay for the amount of food they desire.

The cafeteria is open for staff and visitors from 7.30 a.m. until 10 p.m., providing between-meal snacks, soft drinks, or coffee. Liquids are sent up for all patients in the afternoon and early evening. Extra refreshments may be requisitioned by the floor supervisor, and are paid for by the patient. We find that a centralized system such as this has definite advantages. Little food is wasted and full control can be exerted at all times.

Food Service System

Patients' meals are prepared and packed in the main kitchen where the Mealpack system is used. There are three basic units in this system for serving food: a container, an infra-red dish heater, and a special tray. The insulated, stainless steel container holds a removable Pyrex dish which has three partitions for hot foods. The dish is pre-heated and sterilized in an infra-red heater (in which four plates can be inserted by means of a metal tray) for approximately one minute at a temperature of 100° F. The dishes are then placed in the bottom section of the container, ready for packing. Dishes are passed along a stainless steel counter in front of the steam table where the chef, under the guidance of a dietitian, adds the meat and vegetables. When the dish is packed, a self-forming vacuum seals in the original cooking heat, savoury goodness, moisture, flavour, aroma, and nutriment. There is no intermingling of flavours or aromas, regardless of what foods are packed. Appetizing heat, colour, and food quality are protected for every patient up to two or three hours after sealing. A serving of an additional hot vegetable or dessert may be placed on top of the dish lid, along with hot breads or toast.

On completion of packing, the top section of the Mealpack is clamped over the bottom one, entirely sealing in the hot meal. The unit is then placed on the patient's tray (in place of a dinner plate) along with desserts, et cetera. A special tray cart which contains 20 trays carries the meal to the patient. Each cart has three insulated stainless steel containers for hot and cold beverages.

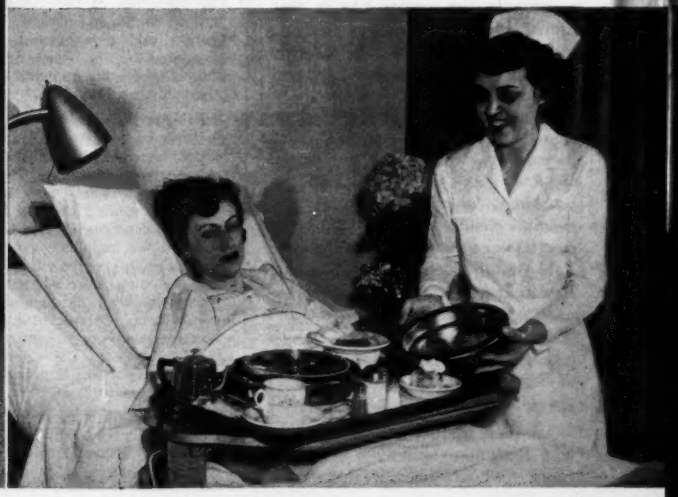
The wagon carries trays to the patients' rooms and, with the removal of the top of the Mealpack unit, the meal is ready to be served. We do find that this system definitely guarantees a hot meal at all times. Under test, we have found that the meal will remain as hot as it comes off the stove for a minimum of two hours, and up to four hours it will be hotter than an ordinary meal served by other methods.

Cold foods can also be served in

(Concluded on page 98)

Right: The food service unit is placed on a wagon, ready to be taken to the patient.

Below: Miss B. Richards, chief dietitian, beams approval of the hot, appetizing meal.



C.H.C. Biennial Meeting Held in the Nation's Capitol

REPRESENTATIVES of hospital associations and conferences, of government departments and of allied organizations, guest speakers, and visitors, met at the Chateau Laurier in Ottawa on May 28, 29 and 30, for the eleventh biennial meeting of the Canadian Hospital Council. Well over 200 were in attendance. A great advantage in holding such a meeting in our capital city is that it enabled many experts on subjects relevant to the health field to be present. They were most helpful in answering questions from the floor and, through general discussion with hospital people, they themselves were able to learn, at first hand, something of the problems which confront the hospital field. A highlight of the meeting was the address by the Hon. Paul Martin, Minister of National Health and Welfare, in which he announced changes in the national health program — changes which make for more flexibility in the use of funds available through federal grants. (See opposite page.)

Another feature of the meeting was that many younger organizations, whose memberships are mainly comprised of hospital workers, participated. Among these were the Canadian Society of Laboratory Technologists, Canadian Society of Radiological Technicians, Canadian Society of Hospital Pharmacists, the Canadian Physiotherapy Association, Canadian Association of Occupational Therapy, Canadian Association of Medical Record Librarians, and the Canadian Association of Social Workers. The Hospital Exhibitors Association was also represented.

Among others who took part in the program were representatives of provincial health departments, the Canadian Medical Association, the Canadian Dental Association, and the Canadian Nurses' Association. Guests from the United States included: Dean Conley, Executive Director of the American College of Hospital Administrators; George Bugbee, Executive Secretary of the American Hospital Association; John Hatfield, past president of the A.H.A.; Dr. Paul Ferguson, representing the American College of Surgeons; and Andrew Pattullo of the W. K. Kellogg Foundation, Battle Creek, Michigan.

For the benefit of those whose native tongue is French the addresses given in English were swiftly and cleverly summarized in French through the courtesy of Rev. H. L. Bertrand, S.J., Dr. Gerald LaSalle, both of Montreal, and other speakers. A number of addresses were given in French and summarized in English.

With a very heavy agenda and so many topics to be covered in three days, addresses were brief though numerous and each was subject to eager discussion from the floor. Members of the Executive Commit-

Progress in Developing C.H.C. Extension Course

General policies in respect to the operation of the C.H.C. extension course in hospital organization and management, were presented by the Committee on Education for the approval of the Assembly, on May 30th.

Brochures describing the main features of the course, and application forms, will be made available for distribution in the very near future. These may be obtained by writing directly to the secretarial offices of the Council and will be supplied to all who have already requested information including those whose names were submitted by member organizations. Completed application forms are to be returned to the secretary of the Committee on Education, D. M. MacIntyre at the Council offices.

Further details concerning the extension course will appear in subsequent issues of this journal.

tee (henceforth to be known as the Board of Directors) presided in turn.

R. Fraser Armstrong, President, was in the chair on Monday morning when the meeting was formally opened by the Hon. Paul Martin and the following session was devoted to Council business. In his presidential address, Mr. Armstrong reviewed briefly the accomplishments of the Council on behalf of the hospitals of Canada during the past twenty years and recent changes within the organization. He expressed deep appreciation of the work of all those directly connected with Council activities and paid a special tribute to the former executive secretary, Dr. Harvey Agnew, not only for his past services to the hospital field but for his continuing interest as a member of this journal's editorial board, as chairman of the Committee on Education, and as a hospital consultant in the field at large. Dr. L. O. Bradley, Executive Secretary, reviewed Council activities since the 1949 meeting and outlined projects proposed for coming months. Charles A. Edwards, Business Manager, presented a report on journal operations for the two-year period and discussed prospects for the future. These reports were summarized by Murray Ross, Associate Secretary, speaking in French. The Treasurer, Dr. A. L. C. Gilday, summed up the Council's financial position — a position which he viewed with some misgiving.

(Continued on page 44)

Changes in Federal Health Grants Announced at C.H.C. Meeting

(Excerpts from address by the Hon. Paul Martin).

This is an appropriate occasion on which to announce five important new changes in this program that will greatly increase its usefulness. These changes are as follows:

1. In future, without exceeding its total allocations, a province will be allowed, under certain circumstances, to use the unexpended funds of one of its federal health grants to supplement another that has been fully expended.

2. Under the General Public Health Grant, federal funds will be available for the improvement and extension of a wider range of health services.

3. Grants are to be made available for the construction of nurses' residences on the basis of $500 for each bed.

4. Federal grants on the basis of $1,000 for each 300 square feet will be available for the establishment of combined laboratories in hospitals to provide not only diagnostic services for patients but also public health laboratory services. The maximum grant is to be $50,000.

5. The definition of the term, "Community Health Centre", has been extended to include out-patient departments of hospitals so that federal grants of up to $1,000 for each 300 square feet, can be made to defray part of their costs of construction.

The changes that I have outlined will enable the provinces to make fuller use of the federal funds available under the National Health Program, within the limits of the overall commitment made in 1948.

Provision has been made to implement these changes in the National Health Program through amendments in the regulations governing the grants and in the estimates for the Department of National Health and Welfare that have been presented to Parliament. These changes will help Canadian hospitals to fulfill their essential role even more effectively. . . .

Because of the changes I have announced, every province will be able to make fuller use of the federal grants by a reallocation by the federal government of funds unexpended in a particular grant in order to supplement a grant whose funds have been exhausted.

The federal grants in support of the construction of nurses' residences will apply to those on which actual work was begun *after March 31st, 1951.* I am confident that this new provision will help significantly to increase the number of trained nurses in Canada, by making it possible for hospitals to accept more student nurses and to provide improved facilities for their accommodation.

The purpose of the new federal grant to assist in the cost of construction of hospital laboratories is to co-ordinate in one place all the

laboratory facilities of a community and thus avoid costly duplication of equipment and staff.

Under the new regulations, federal grants will be available (for out-patient departments) on the basis of $1,000 for each 300 square feet of space if construction was commenced *after March 31st, 1951.* If construction began before that date, the grant will be pro-rated on the basis of $1,000 for each 500 square feet. For out-patient departments attached to hospitals there is to be no limitation on the total space eligible for federal assistance, but health centres which are not connected with hospitals will be limited to 4,500 square feet.

Ever since the National Health Program was inaugurated, it has been our policy to make periodic reviews of the regulations governing the federal grants and then to make whatever revisions were considered necessary to ensure their most effective application. I am sure that the wider use of grant funds made possible through these most recent amendments will receive the enthusiastic approval of the Canadian Hospital Council and of all who are interested in providing better health services for the people of Canada.

* * * *

Traduction

Changements des Subventions Fédérales à l'Hygiène

Le moment est propice pour annoncer cinq changements importants qui ont été apportés à ce programme et qui en accroîtront beaucoup l'utilité. Les voici:

1. A l'avenir et dans certaines circonstances, un province pourra, sans excéder le total de sa quotepart, employer les deniers non dépensés d'une de ses subventions fédérales à l'hygiène, afin de compléter une autre subvention entièrement dépensée.

2. Les fonds fédéraux provenant de la subvention à l'hygiène publique générale permettront d'améliorer et d'étendre une plus grande diversité de services de santé.

3. On accordera des subventions pour la construction de maisons d'infirmières, à raison de $500 par lit.

4. Des subventions fédérales, à raison de $1,000 par 300 pieds carrés permettront d'établir dans les hôpitaux des laboratoires combinés qui auront la double tâche de fournir des services de diagnostic aux malades et des services pour fins d'hygiène publique. Le maximum de cette subvention sera de $50,000.

5. On a élargi la définition de l'expression "centre de santé local" afin de comprendre les cliniques de malades externes des hôpitaux, de sorte que des subventions fédérales, à raison de $1,000 par 300 pieds carrés, pourront aider à payer une partie du coût de construction.

Les changements que je viens d'exposer permettront aux provinces de faire un plus grand usage des deniers fédéraux mis à leur disposition en vertu de programme national d'hygiène, dans les limites des engagements globaux pris en 1948.

On a pris les mesures voulues pour inclure ces modifications dans le programme national d'hygiène, en modifiant les règlements qui régissent les subventions et le budget des dépenses du ministère de la Santé nationale et du Bien-être social, modifications qui ont été soumises au Parlement et qui permettront aux hôpitaux canadiens de remplir encore mieux leur rôle indispensable.

Grâce aux changements que j'ai annoncés, chaque province pourra utiliser plus complètement les subventions fédérales en donnant une nouvelle affectations à une subvention particulière, dans le but de suppléer à une subvention dont les fonds auront été épuisés.

Hon. Paul Martin

Les subventions fédérales destinées à aider à la construction de maisons d'infirmières s'appliqueront aux résidences dont les travaux ont été mis en marche *après le 31 mars 1951.* Je suis certain que cette nouvelle disposition, qui cadre avec une initiative prise déjà dans une des provinces, aidera d'une manière importante à augmenter le nombre des infirmières diplômées au Canada, en permettant aux hôpitaux d'accepter un plus grand nombre d'étudiantes-infirmières et de les loger plus facilement.

La nouvelle subvention fédérale destinée à aider aux frais de construction de laboratoires d'hôpitaux a pour but de concentrer en un seul endroit les facilités de laboratoire d'une localité et, ainsi, éviter la double emploi coûteux de matèriel et de personnel.

En vertu des nouveaux règlements, des subventions fédérales seront disponibles (aux cliniques de malades externes) à raison de $1,000 par 300 pieds carrés, à condition que les travaux de construction aient commencé *après le 31 mars 1951.* Si la construction a commencé avant cette date, la subvention sera versée proportionnellement, à raison de $1,000 pour chaque aire de 500 pieds carrés. Pour les cliniques de malades externes, rattachées à des hôpitaux, il n'y a aucune limité à l'espace total pouvant bénéficier de l'aide fédérale; mais les centres de santé qui ne sont pas rattachés à des hôpitaux seront limités à 4,500 pieds carrés.

Depuis l'inauguration de programme national d'hygiène, nous avons comme ligne de conduite, examiné périodiquement les règlements qui ont trait aux subventions fédérales et effectué toutes revisions qui étaient jugées nécessaires pour l'application la plus efficace. Je suis sur que le plus grand usage des deniers accordés par les subventions, rendu possible par ces modifications récentes, recevra l'approbation enthousiaste de Conseil des Hôpitaux Canadiens et de tous ceux qui s'intéressent à l'établissement de meilleurs services de santé pour la population du Canada. ●

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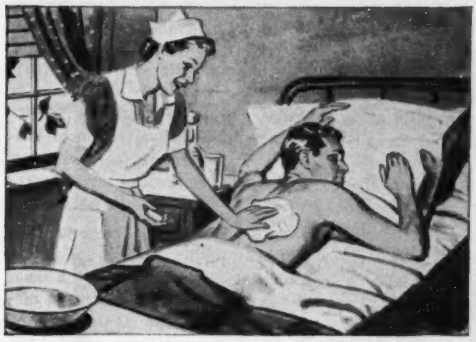

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Biennial Meeting

(Continued from page 41)

C.H.C. Constitution Amended

Amendment of the Canadian Hospital Council's constitution was guided by Judge J. M. George of Manitoba. The redraft, as finally approved by delegates, did not alter the spirit of the former constitution but rather introduced some rearrangement and clarification of certain points and provided for two main changes.

The governing body of the Council is now designated as the "Assembly". This group is made up of the same number of delegates as formerly and an equal number of alternate delegates to represent the active member associations and conferences (a total of 70) plus *ex officio* the officers and directors and, in addition, not more than four delegates-at-large appointed by the directors.

The executive body of the Assembly is to be known as the Board of Directors. The Board consists of the officers of the Council and not more than six others, all elected by the Assembly. Members of the Assembly and its Board of Directors hold office from the date of their election or appointment until their successors have been named.

Hospital Needs

Under the headings, construction and supply, personnel, and financial resources, delegates faced many specific hospital needs of today, *i.e.*, requirements for developing adequate health services in Canada. Speaking on the distribution of hospitals, Dr. Burns Roth, Hospital Services Division, Department of Health, Regina, indicated that in Saskatchewan, where the population is scattered and not all roads are good, it is necessary to build many small hospitals. He stated the government's aim to be that no person in that province should be more than one hour's drive or approximately 30 miles from health facilities. In reply to a question concerning types of small hospitals, Dr. Roth said that two-storey buildings had been used because they were economical to heat although the current trend is toward one-storey units with greater emphasis on insulation.

Judge J. M. George of Manitoba explained that in the health units constructed under the regionalization plan in his province, the term "diagnostic service" had been changed to "x-ray and laboratory service". This is a "so-called" free service and the man-in-the-street frequently interpreted the earlier term as meaning full medical care.

R. Fraser Armstrong (right) presents the George Findlay Stephens Memorial Award to Dr. A. L. C. Gilday (left). The citation was read by Dr. L. O. Bradley (centre).

Speaking on behalf of hospitals for chronic diseases, Pearl Morrison, superintendent of the Queen Elizabeth Hospital (for long-term patients), Toronto, emphasized the rehabilitation aspect of the service given in such institutions. She insisted that suitable living quarters and suitable work must be provided for the handicapped as a corollary to in-hospital rehabilitation. Only by removing such cases from hospitals for chronic diseases is it possible to make room for others ready to leave active treatment hospitals. In other words, there can be no admissions without a corresponding number of discharges.

G. J. McIlraith, Parliamentary Assistant to the Minister of Trade and Commerce, supported by a team of experts from his department, discussed sources and availability of construction materials. Following so closely on the very encouraging announcement by the Hon. Paul Martin of changes in the health grants program, it was rather disconcerting to delegates to hear that there is a definite shortage of many essential materials, including steel, and that by autumn the shortage will be even greater. This situation has arisen because of heavy commitments for defence purposes in both Canada and in the United States. Many building materials in their finished state are imported from the U.S.A. and export regulations formulated at Washington to protect the needs of that country will limit supplies available here. Hospital people were urged to obtain full information on this subject from our Dominion priorities office before going ahead with any large-scale construction program. World conditions being unstable, the situation is subject to change from month to month.

M. L. Heron, representing the Hospital Exhibitors Association, spoke on the present market as it affects hospital supplies and equipment. He said, in part, that "scarcities are a reality, and have shown up in many lines, particularly those items in which raw materials such as tin, copper, steel, mercury, natural rubber, and textiles are involved. Chemicals which stem from basic materials used in the manufacture of explosives are feeling the

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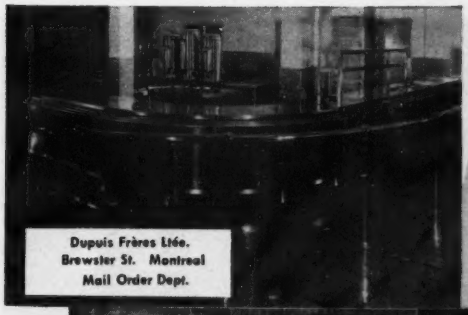

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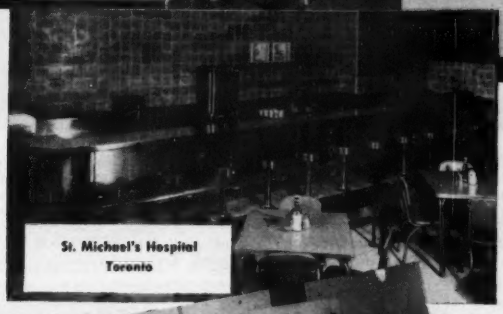

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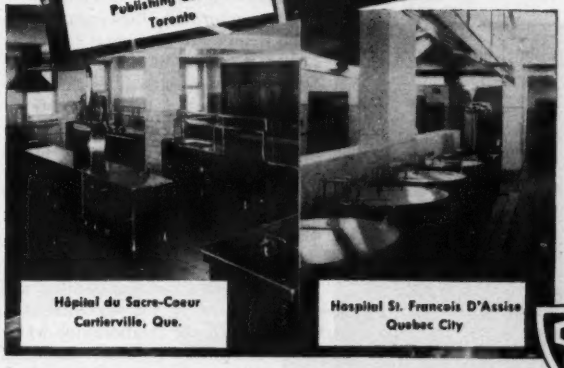

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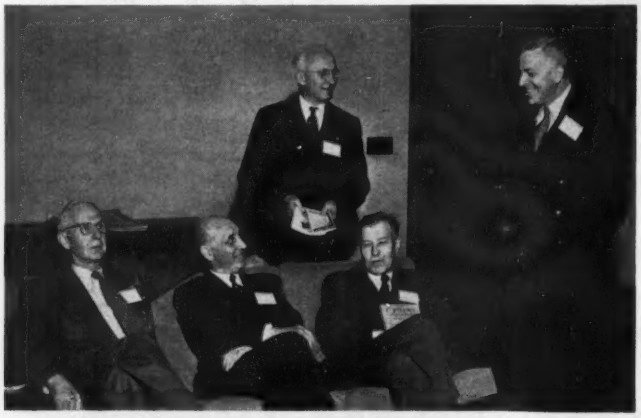
Second Ontario Institute

Dr. Ronald Burr, (left), Head of the Ontario Cancer Clinic, Kingston General Hospital, Kingston, Ont., explains the use of the radium safe to students attending the second Ontario Institute for Administrators. Left to right: Dorothy Bowden, Norfolk General Hospital, Simcoe; Jessie M. Wilson, Brantford General Hospital, Brantford; R. V. Johnston, McKellar General Hospital, Fort William; and W. E. Cox, Kirkland District Hospital, Kirkland Lake.

THE Second Ontario Institute for Hospital Administrators, sponsored by the Ontario Hospital Association, was conducted in the serene, academic atmosphere of Queen's University, Kingston, Ont., from May 7th to 11th. Many busy administrators took advantage of this opportunity to "return to the classroom" and were enthusiastic participants in every part of the study program which had been so well arranged for them. In general, the Institute was planned with a view to presenting one specific phase of hospital administration, each session. Excellent lecture periods provoked interested discussion and demonstrations, films, and slides, were used wherever possible to illustrate the speaker's remarks.

On the first morning of the Institute, students assembled in the main lounge of the Student's Union and were officially welcomed by John R. Marshall, President of the Ontario Hospital Association; Dr. R. C. Wallace, Principal of Queen's University, also extended greetings to them on behalf of the university.



Among the guest speakers at the Ontario Institute for administrators were (seated left to right), R. Fraser Armstrong, Superintendent of the Kingston General Hospital; John R. Marshall, President of the Ontario Hospital Association; Dr. R. C. Wallace, Principal of Queen's University, who welcomed the students; (standing left to right), Dr. Harvey Agnew, Professor of Hospital Administration, University of Toronto; and R. J. Weatherill, Superintendent of the St. Catharines General Hospital.

This first day was devoted to the administrator and his responsibilities and relationships both within and without the hospital. The opening address was delivered by Dr. J. Gilbert Turner, Executive Director, Royal Victoria Hospital, Montreal. He presented many excellent principles regarding the organization and function of a hospital governing body. He spoke of a trustee's qualifications and duties, outlined the advantages of a limited tenure of office, and emphasized that the administrator's role in relation to the governing body and hospital personnel is one of co-ordination and liaison.

R. Fraser Armstrong, Superintendent of Kingston General Hospital, spoke on the responsibilities and relationships of the administrator. He outlined the relationships which the administrator must maintain, from "the garbage man at the back door to the top representatives of hospital associations across the border". In speaking of the progress which Blue Cross has made during the past ten years, Mr. Armstrong emphasized the need for increasing support to that organization.

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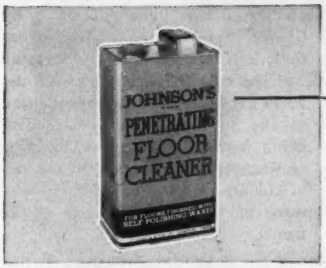

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Administrative controls in hospital management were outlined by Dr. L. O. Bradley, Executive Secretary of the Canadian Hospital Council. To illustrate his lecture, he distributed an operational chart to each person present. Following this, Mr. Armstrong distributed copies of the organizational chart currently in use at Kingston General Hospital and, with members of his staff, gave a dramatic presentation of a typical meeting between an administrator and his department heads. The mock session was based on the actual conferences which are held three mornings a week, for a twenty-minute period, in Mr. Armstrong's office. It portrayed the typical administrative problems that arise in the course of daily routine and was enthusiastically received by members of the Institute.

Medical staff by-laws, with special reference to small hospitals, were examined by Dr. H. S. Dunham, Executive Secretary of the Ontario Medical Association. He emphasized the necessity of having uniform medical by-laws and mentioned that copies of the by-laws drawn up by his organization were available for both large and small hospitals.

The first day of the Institute concluded with an address by Dr. W. Douglas Piercey, Superintendent of the Ottawa Civic Hospital, who spoke on "Control of Hospital Medical Practice". He stressed that "to give the best medical care possible, we need the best medical staff possible. Hence staff membership becomes not a right but a privilege and calls for proper qualifications and careful selection." The whole matter of control, Dr. Piercey pointed out, "resolves itself into a willingness on the part of trustees, medical advisory boards, and administrators to execute what they know is right and in the best interests of the patients and the institution, even at the expense of individual physicians or groups of physicians."

Personnel

In the second-day session devoted to the subject of personnel, Eugenie M. Stuart, Assistant Professor, Department of Hospital Administration, University of Toronto, began the discussion with an address on personnel principles and policies. Miss Stuart built her whole address around the letters, "p-e-o-p-l-e". While thus ingeniously directing her audience's attention to the importance of human relations in personnel policies, Miss Stuart augmented the effectiveness of her address by the use of classroom visual aids.

Norman D. Bailey, Assistant Director of the Michael Reese Hospital, Chicago, Ill., spoke on centralizing personnel function in the hospital. He pointed out that today, although we are justifiably proud of our modern equipment and buildings, we are apt to overlook the importance of the man behind the machine, the operator who is the most necessary part of the machine. He also mentioned that modern hospitals have two objects of worship, the care of the patient, and the budget. He suggested a third objoct—the hospital employee.

Personnel problems were examined by Ray S. Clark, Assistant Director of the Royal Victoria Hospital, Montreal. He stressed the point that "the time has arrived when we must no longer entertain the hope that sufficient staff can be retained on sentiment." Economic pressure, he said, makes it necessary for even the "faithful" to improve their income in order to maintain a decent standard of living. He also stressed the importance of job evaluation in promoting better personnel policies.

On Tuesday afternoon, delegates were taken on a tour of district hospitals. Kingston General Hospital, Hotel Dieu Hospital, Ongwanada Sanatorium, and St. Mary's of the Lake were visited by various groups.

Nursing

With the general topic of nursing as the theme, the Institute opened its Wednesday morning session with an address by John Hornal, Superintendent of the Peterborough Civic Hospital. Speaking on the functional planning of the nursing unit, Mr. Hornal pointed out that, in the first place, the unit must be made attractive to both the patient and the unit worker. Every psychological influence must be utilized, he stressed, and the unit must contain adequate treatment facilities. He outlined six basic principles to follow in planning the nursing unit: integration, diversity, facility of operation, flexibility, health, and economy.

The function of the nursing unit was discussed by Jenny Weir, Director of the School of Nursing, Queen's University. Harry P. Smith, Architect of the firm of Drever and Smith, Kingston, outlined the advantages of different materials, and types of heating and lighting within the nursing unit.

Equipping and furnishing the unit was the topic discussed by Gordon Friesen, Superintendent of the Kitchener-Waterloo Hospital. For the most part, Mr. Friesen devoted his address to a demonstration of the furnishings and equipment being featured in the new Kitchener-Waterloo Hospital. With the use of coloured photographs, he showed some of the innovations in equipment.

Central Supply

The Wednesday afternoon session dealing with the central supply room was opened under the chairmanship of Arthur L. Davies, Chairman of the Board of Governors, Kingston General Hospital. Speaking on the planning of the supply room, Eugenie Stuart stressed the value of centralization in conserving nursing time. She also pointed out the importance of location, illustrating her remarks by a series of slides. Continuing the general discussion, Marjorie E. K. Brown, Supervisor, Central Supply Room, Toronto General Hospital, spoke on the operation of the central supply service. She discussed the type of personnel required for efficient operation and pointed out that it is ideal to have the central supply room open 24 hours a day. Gladys J. Sharpe, Director of Nursing, Toronto Western Hospital, concluded the afternoon session with an address on the organization and duties of the nursing unit staff. She stressed the importance of teamwork in carrying out proper nursing care.

Fire and accident hazards formed the theme of the first part of the Thursday morning session. It began with the showing of a film, "Diagnosis: Danger". F. B. Walker, Chief Engineer, Ottawa Civic Hospital, spoke on fire and explosion

(Concluded on page 88)

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A Dietetic Workshop Considers Policy Formation

A QUOTATION from our professional code of ethics states: "Dietetics to be successfully carried out must be prompted by the ideal of service, which is an intangible commodity based on human sympathy and tolerance and is the keynote to all personal contacts". A dietetic department is, then, a service department. Its goal may be said to be the selection and arrangement of equipment and facilities which will produce a high standard of food service, using the type of service best suited to the institution, at the lowest possible cost.

No goal can be achieved without good administration. The status of the head of the dietetic department must be clearly defined. The dietitian is commonly responsible to the administrator or to a member of the administrative team. It is necessary that she have authority where it is needed, that she clearly understand her responsibilities, and that she receive co-operation from and give co-operation to, all allied departments. The dietetic department is one whose daily routine brings close contact with other departments.

The policies which govern the operation of this department are well worth time and consideration as approximately 20 to 25 per cent of the hospital's total budget is allocated to dietetics. Policies are best expressed in writing and should be kept readily accessible so that they may be referred to at any time.

Establishing Standards

One of the finest policies to be set up when one establishes a dietetic department is that regarding the quality of food and the standard of service. The number and type of patients are prime determining factors in establishing standards. The amount of revenue derived from patients will determine the size of your food budget. Whether patients are rural or cosmopolitan, young or old, white, coloured or oriental, they will affect the type of meals you will decide to serve them. Higher standards and more individualization are often found in small hospitals rather than in larger institutions which must be systematized and regimentated. More effort is usually put forth to give variety and eye-appeal to trays for chronic patients. Trays for the mentally ill, geriatric patients, and children, require special attention. Female patients are usually more critical of their trays than male. Racial and geographical customs, as well as religious practices, are all influencing factors in establishing any institution's food standards.

This article is a section of a report compiled at a dietetic workshop which was held at the Vancouver General Hospital. The workshop was presented by members of the dietetic department.

Tray Set-Up

The patient's reaction to tray set-up must be considered in setting standards for food service. You must decide the type, pattern and number of dishes to be used; whether to serve milk in cups or glasses; whether to serve vegetables and salads in side dishes; and whether to pour tea in cups or make it in individual tea pots. Will your cutlery be triple plate, nickel silver or stainless steel, and will you use two knives, two forks, three spoons or one of each? Will you cover your plates and if so will covers be of china, aluminum, stainless steel or silver? Will you use a tray cover, and will it be newsprint, embossed or coloured paper or linen? There are many standards and those considered ideal under one circumstance are totally unsuitable in another. All decisions you make regarding standards are important as they affect original investments, replacement cost, storage space in both kitchens and stores department, as well as daily labour costs.

You must decide upon your policy regarding staff meals, early. You will have to know if the staff are to receive meals as a portion of their remuneration or if they will pay cash for them. It must be decided if there will be one or several meals served a day and if there will be a set menu or a selection offered. Will you serve staff meals at cost, plus labour, or at accepted local restaurant price levels? Will you have self-service or provide waitress service? What amount of time will employees be allowed for meals and consequently must you have a streamlined cafeteria set-up or can service be leisurely? These decisions, once made, will affect the dietetic department's space requirements, storage area, provision budget, amount of equipment to be purchased, and the personnel required.

Hours of Meal Service

A hospital policy must be formulated regarding the hours of meal service in your hospital. You must consider the patients' routines and treatment and plan meal hours at times that will coincide with patient routine and availability of staff (other than dietetic) to help. It must be clearly defined where the responsibility for meal service lies. Is the dietetic department completely responsible or does the nursing service share in the responsibility? It must be decided if cleaners, orderlies, and

(Concluded on page 84)

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Pot-Pourri

Ingredients Assembled by Marianna Korman

IT all began with Eve, really, this avid and universal interest in food. Not only does everybody like to eat but everybody likes to talk about eating too. From all that has been said and written about this fascinating subject from time immemorial, we have gathered a few choice tid bits for your enjoyment.

That the ancients loved food and revered those who were culinary artists is apparent in the following tribute to cooks:

To roast some beef, to carve a joint with neatness,
To boil up sauces, and to blow the fire,
Is anybody's task; he who does this
Is but a seasoner and broth-maker;
A cook is quite another thing. His mind
Must comprehend all facts and circumstances;
Where is the place, and what the time of supper;
Who are the guests, and who the entertainer;
What fish he ought to buy and Where to buy it.

—Quoted by Athenaeus from Dionysius.

The art of cooking also has its unknown inventors—those first gallant souls who experimented with a pinch of this and a dash of that to the ever-lasting benefit of mankind. They, too, have received praise for their skill and spirit of adventure.

Who first combined mint sauce with lamb,
The dumpling with the silverside,
And wrought from suet and from jam,
The roly-poly in his pride?
Their names are lost, but still they tower
High on the list of souls inspired.

—Anon.

Food and fame are somewhat allied for the best known mortals have always seen fit to comment on their food preferences. When Dr. Johnson visited the Scottish Highlands, the ever-faithful Boswell recorded this anecdote: At dinner, Dr. Johnson ate several platefulls of Scotch broth, with barley and peas in it, and seemed very fond of the dish. I said, "You never ate it before". Johnson: "No sir; but I don't care how soon I eat it again."

The wise and astute, Oliver Wendell Homes, liked "plain food" but declared for posterity that he, too, had a soft spot for ice cream.

Plain food is quite enough for me;
Three courses are good as ten;
If nature can subsist on three,
Thank Heaven for three. Amen!
I always thought cold victual nice;
My choice would be vanilla-ice.

—From "Contentment".

Lewis Carroll, who wrote of "shoes and ships, sealing wax, cabbages and kings", also had a few delicious words to say about soup.

Beautiful Soup, so rich and green,
Waiting in a hot tureen!
Who for such dainties would not stoop?
Soup for the evening, beautiful Soup!

Ogden Nash who has a witty ditty for everything, was asked once what he liked to cook. He replied: "I am sorry that I cannot cook, but I can eat shad, roe, and bacon until the shad go home". Thus one could say:

No nobler fate could greet the shad
Than making Nash's palate glad.

—From "The Stag at Ease" compiled by Marian Squire.

Nothing would ever be complete without a quote from Shakespeare. In Macbeth, he said firmly:

Now good digestion wait on appetite
And health on both.

Then, there are those who write recipes with a flourish, complete with metre and rhyme—and a subtle grain of salt for flavour.

Salad Dressings

Let onion atoms lurk within the bowl,
And, half-suspected, animate the whole,
Of mordant mustard add a single spoon,
Distrust the condiment that bites too soon;
But deem it not, thou man of herbs, a fault,
To add a double quantity of salt;
Four times the spoon with oil from Lucca drown,
And twice with vinegar procured from town;
And lastly, o'er the flavoured compound toss
A magic soupçon of anchovy sauce.

—Sydney Smith.

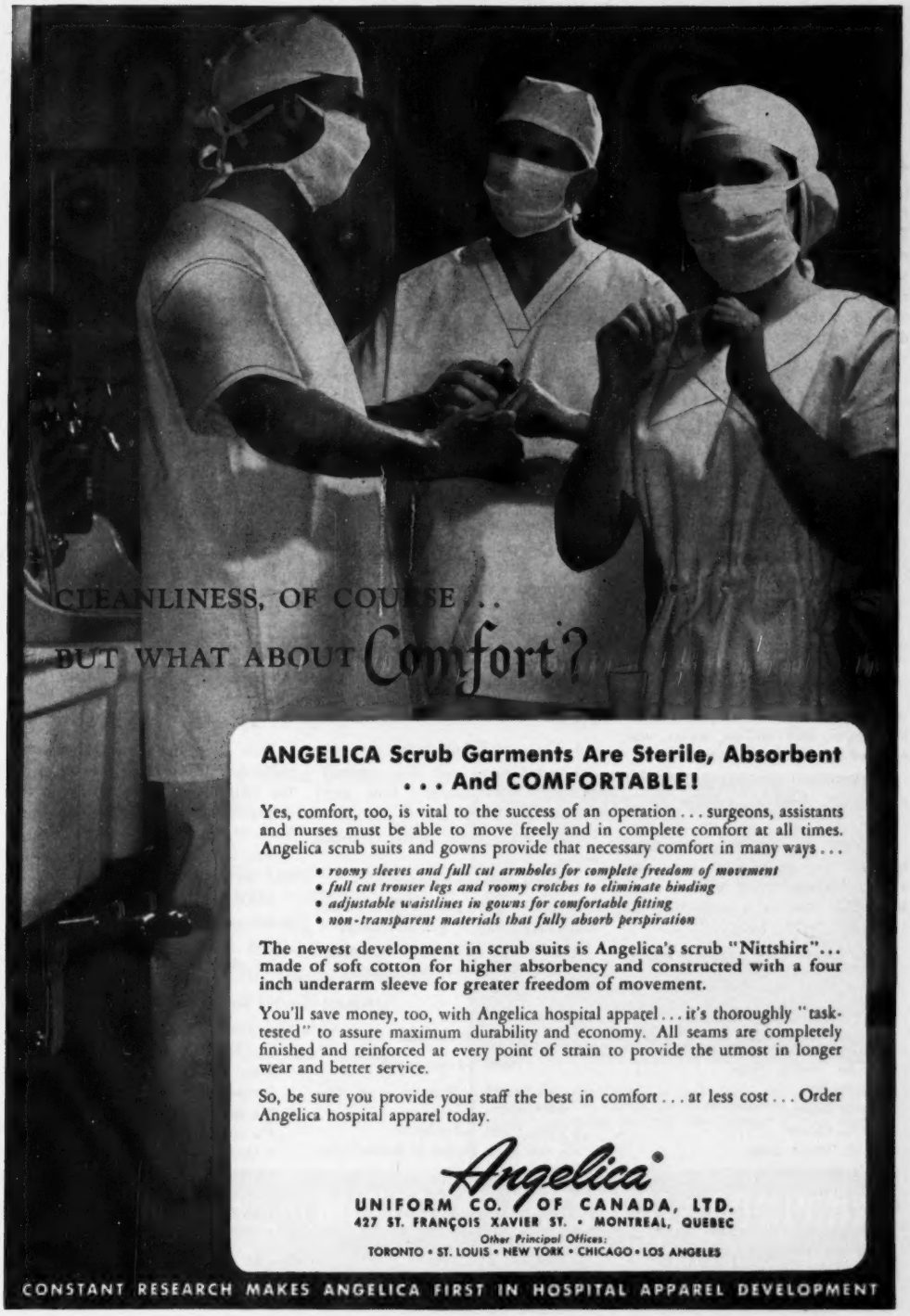
I'm a Shrimp

I'm a shrimp! I'm a shrimp! Of dimunitive size;
Inspect my antennae, and look at my eyes.
I'm a natural syphon, when dipped in a cup,
For I drain the contents to the latest drop up.
I care not for craw fish, I heed not the prawn,
From a flavour especial my fame has been drawn;
No e'en to the crab or the lobster do yield,
When I'm properly cook'd and efficiently peeled.
Quick, quick! pile the coals — let your saucepan be deep,
For the weather is warm and I'm not sure to keep;
Off with my head — split my shell into three—
I'm a shrimp! I'm a shrimp. to be eaten with tea.

—Robert Brough.

For those who love food too much, the Epicure's Alamanack of 1815, had the following advice to offer.

Adjoining the King's Head Tavern, very fortunately for ladies and beaux of delicate stomach, stands Debatt's pastry shop, famous for sweets, soups, and savoury patties. Here the epicure, who has sacrificed too liberally to the jolly god, may allay the fervency of his devotion by copious draughts of capillaire, spruce, soda, orgeat, or lemonade.



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CONSTANT RESEARCH MAKES ANGELICA FIRST IN HOSPITAL APPAREL DEVELOPMENT

Savoury Recipes

HOSPITAL dietary departments will find the following recipes, which were contributed by Jean King, on behalf of the Canadian Dietetic Association, most useful. While some of the recipes might not be suitable for patients, they should be of interest to dietitians planning meals on a smaller scale for the nurses' and doctors' dining rooms.

Baked Lima Beans and Mushrooms

(Yield: 50 servings)

4½ lbs. (3 qt.) Lima Beans, dried
1½ lbs. Mushrooms
1 cup Onions, chopped
½ cup Bacon fat or butter
1 gal. Cream Sauce, medium
½ cup Pimientos, chopped

Cream Sauce

1 cup Shortening
2 cups Flour
1 gal. Milk
(Portion: ¾ cup per serving)

1. Wash the beans, cover with water, and soak overnight. Drain the beans, add boiling water, and simmer until tender. Drain.

2. Clean and slice mushroom caps and stems. Cook with onion in the fat.

3. Make the cream sauce; combine all the ingredients carefully. Put the mixture into greased baking pans. Bake in a moderate oven (350° F.) for ½ hour.

Note: Serve with a strip of bacon.

Canadian Pea Soup

(Yield: 5 gals.)

5 lbs. Yellow Peas
4 oz. Fat
2 lb. Onions
1 lb. Celery
8 oz. Bacon ends
1½ gals. Cream Sauce
1 lb. Carrots
1½ gals. of Beef Stock
Worchester Sauce (to taste)
¼ tsp. Thyme
2 tsp. Salt to taste

1. Soak peas overnight.

2. Drain off water.

3. Braise vegetables, add stock, bacon ends, and peas; simmer steadily until peas are cooked; skim at intervals.

4. Add cream sauce, stir well and simmer 10-15 minutes.

Cauliflower Greens Au Gratin

(Yield: 50 servings)

10 lbs. Cauliflower ribs and leaves
4 gals. Water
⅔ cup Salt
1 gal. Cream Sauce No. 1
1 tbsp. Salt
4 cups American Cheese, grated

Topping: (2 cups)

1 qt. Soft Bread Crumbs
1 qt. Cheese and Cracker Meal Mix
½ cup Butter, melted
(Portion: 4 oz. per serving)

1. Remove green leaves from cauliflower.

2. Cut rib part of leaves into pieces ¾-inch long.

3. Drop into rapidly boiling salted water.

4. Cook until half-done.

5. Add leaves cut into approximately 1-inch pieces. Boil until leaves are tender.

6. Remove from water. Drain well.

7. Divide into 4 counter pans.

8. Add to each pan: 1 qt. of cream sauce and 1 cup of grated cheese.

9. Mix well. Top with ½ cup of topping crumbs for each pan.

Cream Soufflé

(Yield: 50 servings)

¾ lb. Fortified Margarine or other shortening
2 cups Flour, all-purpose
3¾ qts. Milk, heated in double boiler
1 oz. (scant) Salt
½ tsp. White Pepper
3 tbsp. Prepared Mustard
16 drops Tabasco Sauce
2 lbs. Canadian Cheese, grated
48 Eggs, beaten separately

1. Make white sauce by melting shortening, blending in flour, adding milk and seasonings, and bringing to a boil, stirring constantly. Boil one minute, still stirring.

2. Remove from heat and cool slightly. Add cheese, then the egg yolks, beaten until thick and lemon-coloured.

3. Fold in stiffly-beaten whites, last.

4. Pour into baking pans which have been well-greased with shortening.

5. Bake at 300° F. for 2 hours or until a spatula or knife inserted into the centre comes out clean.

6. Serve plain or with a sauce.

Salmon and Potato Scallop

(Yield: 72 servings)

Make in three pans, size 17 by 12 by 2½ inches, and cut each pan 6 by 4 to make 24 servings.

12 lbs. A.P. (5 qts. mashed) Fresh Mashed Potatoes
4 lbs. E.P. Salmon, fresh or canned
6 cups Medium White Sauce
2 lbs. A.P. Boiled Drained Sliced Onions

Topping

10 Eggs, A large
1 qt. Skim Milk
1 tsp. Salt

Line greased pan with mashed potatoes. Mix flaked salmon with the white sauce and spread over the lining of potatoes; put the onion slices on top.

Top with the beaten egg mixture and sprinkle with paprika.

Bake in 375° F. oven until the egg is set.

Cut in squares and serve with quick chili sauce.

Quick Chili Sauce

(Yield: 5 qts.—100 servings)

1 tin, 105 oz. Canned Tomatoes
2 cups Water
3¼ cups Vinegar
1½ tbsps. Cinnamon
3 tbsps. Salt
1½ lbs. Sugar
1 lb. A.P. Diced Onions
1 stalk A.P. (average size) Diced Celery, including leaves

Mix all the ingredients and simmer for 1 hour, stirring to prevent burning. Serve hot or cold.

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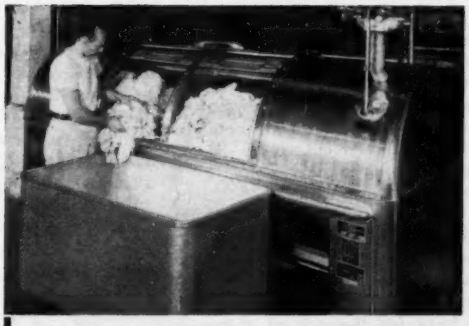

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Hospital Pharmacy Before Modern Times

Part II

Joan Basterfield, B.S.P.,
Women's College Hospital, Toronto, Ont.

APART from Arabian history, records concerning hospitals of the succeeding centuries up to the Middle Ages are scarce and it is probable that there were but few outside of the Italian cities. Occasional almshouses in the towns of Europe sheltered some of the sick and inns along the Roman roads housed others. No provision was made for the thousands of helpless paupers who had been slaves but who were later set free when Christianity was introduced into the Roman Empire.

However, gradually the *iatrieons* (the early medical clinics) of the heathen ages were taken up again and developed into the hospitals of the Christian period. Little is related of these hospitals other than their charitable character. Christian charity created hospitals, asylums, refuges for the poor and sick, and isolated leper houses. A wonderful "city of the sick" was built in Cæsaria in 379 A.D. under Basil the Great. In Byzantium, Chrysistomos built and equipped a hospital where many cures were effected. St. Comos and St. Damænions in Byzantium had a well-equipped *iatrieon* of the old style in one of their churches. Progress in hospitalization is illustrated by the development of a 50-bed hospital connected with the monastery of Pantokrator in Byzantium (1136 A.D.). It contained five departments each staffed by two physicians, five assistants, and two servants working in shifts. The hospital was in charge of two senior physicians. In addition to its wards, it contained a "poliklinik" or out-patient department and a pharmacy staffed by a chief pharmacist with five assistants.

During the dark ages in Europe, medical care was in the hands of religious orders and numerous monastic hospitals were founded. The general idea of these hospitals was to care for the sick of the order which founded them and only give medical advice to those who sought it. They were housed in a collection of buildings consisting of dormitories, treatment rooms, houses for physicians, a room for herbs, and a pharmacy connected with a garden for medicinal herbs.

The revival of hospitals in Europe advanced rapidly with the Crusades and the consequent spread of Arabian knowledge to the western world particularly after 1100 A.D. The necessity for these institutions increased as epidemics of small pox, leprosy, syphilis, and bubonic plague, afflicted the European continent. At this time, many famous hospitals in England (St. Bartholemew's in London), France (Hôtel Dieu in Paris) were founded. In some of the better types of institutions, the service of those devoting their lives to the care of the sick was organized into departments and included a staff responsible for dispensing drugs. A further development of these infirmaries, particularly in England, was the formation of municipal or city hospitals which were endowed. Civilian physicians were employed rather than monastic. About the 13th century, the community took charge to secure medical treatment for its members and the number of city-administered hospitals grew. Around 1500 it was common for the city council to engage the services of a physician and an apothecary for its municipal hospital.

Medicine and Pharmacy Separated

The gradual rediscovery of ancient writings and the rebirth of knowledge leading up to the Renaissance was marked by the growth of universities and medical schools. Medicine and pharmacy were taught in all the universities established. The medical school at Salerno became a "base hospital" during the Crusades and much of its learning and practices were spread by the returning crusaders. In this period, the practices of medicine and pharmacy became separated by a series of papal laws and in the 13th century, the Edict of Frederick II of Sicily (1224) regulated the practice of pharmacy and definitely separated it from medicine. Therefore, it became the practice in hospitals to employ both doctor and apothecary and often doctors had their own apothecaries to serve them.

> "For he was grounded in astronomy
> He knew the cause of every maladaye.
> He was verrey parfight practisour.
> Ful redy hadde he his apotecaries,
> To send him dragges and his lectuaries."

Thus spoke Chaucer of John Gadesden who wrote a pharmaceutical formulary in 1314. A great many compendiums and hospital formularies were written by physicians and apothecaries. This period is also noteworthy for the uprise of organized societies of apothecaries and for the long and arduous battle waged over the right of the apothecaries to practise medicine.

Renaissance

The revival of learning leading up to and continuing on through the Renaissance brought many changes to medical science — advances in physiology, anatomy, and surgery, opportunity for clinical study in municipal hospitals and the discovery of new drugs and new uses for old ones. In the general brilliant development of all phases of life—economical, political, social as well as medical—pharmacy kept pace with medicine. In the hospitals where many of the great advances were made, the services of the pharmacist became more and more an intrinsic part of hospital care. In the Renaissance many famous doctors as well as pharmacists made outstanding contributions to pharmacy. It is interesting to note that, during the Great Plague of 1665, physicians fled the hospitals and cities but the apothecaries stayed on and carried out the duties of the absent doctors. It was not uncommon for doctors to hold clinics with a fee for treatment but free medicine, while the apothe-

(Concluded on page 100)

Heinz bulk packages

designed especially for hospital use

yield lower portion costs

The family portrait above shows many of the Heinz varieties used by hospitals. In the panel at the right are shown the number of servings you can get from Heinz over-size packages.

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15— 7 oz. portions

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48 oz. tins
16— 6 oz. servings
12— 8 oz. servings
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FREE LITERATURE The following charts and booklets, of special interest to Doctors, Nurses and Dietitians, are now available: Nutritional Chart; A Guide to Better Nutrition; Food Caloric Content Chart; The Nutritive Value of Vegetables; Special Recipes. Write H. J. Heinz Company of Canada Ltd., Dept. S.P., 420 Dupont St., Toronto.

V-21 H&R

Notes About People

New Administrator Appointed at Colchester County Hospital

George William Stevens, formerly administrator at All Saints' Hospital, Springhill, N.S., has been appointed administrator of the Colchester County Hospital, Truro, N.S., and assumed his duties at the beginning of May. Born in London, England, in 1908, Mr. Stevens later moved to Canada where he received his early education in Winnipeg, Man. After several years' experience in business fields, he joined the Canadian Army during World War II and retired after six years of service with the rank of Captain. Mr. Stevens is an Honour Graduate of the Certificate Course in Institutional Management, University of Toronto, Toronto, and received his supervised administrative field work at the Toronto East General Hospital. He was assistant to the bursar at the Ontario Hospital, Queen Street, Toronto, prior to his appointment at Springhill, N.S.

* * * *

Dr. Emile Martel Appointed to the Federal Health Department

Dr. Emile Martel has been appointed an assistant director of health insurance studies in the federal health department. After receiving his early education in New Brunswick, Dr. Martel obtained a Bachelor of Arts degree from Quebec Seminary in 1922 and his medical degree from Laval University in 1927. For five years he practised at Grande-Rivière, Gaspé County and, in 1933, obtained a diploma in public health from the University of Toronto. Since that year he has been employed by the provincial health department in Quebec and is now on leave of absence for a year. During his term of office with the provincial health department he organized medical and health services for settlers in the new area around Amos and, in 1944, was called to Quebec City to organize this service on a province-wide basis. In his new position, Dr. Martel will assist in administering the federal government's $35,000,000 a year program of grants to aid the provinces in developing new health services and expanding existing ones.

* * * *

Deputy Minister of Public Health Appointed for Saskatchewan

Recently, the Hon. T. J. Bentley, minister of public health for Saskatchewan, announced the appointment of Dr. F. D. Mott as deputy minister of public health for the province. Dr. Mott has been acting deputy minister since the resignation of Dr. C. F. W. Hames in December, 1949.

* * * *

H. J. DeLaney Appointed to Maritime Blue Cross

Major H. J. DeLaney was recently appointed Hospital Relations Officer for the Maritime Blue Cross - Blue Shield Plan. He assumed his duties at the beginning of May and his office is located in Moncton, N.B. A veteran of World War II ,Major DeLaney served both in Canada and overseas. Until recently he held the position of assistant administrator of Saint John General Hospital, Saint John, N.B. and, formerly was associated with the Saint John Military Hospital where he was officer in charge of administration.

H. J. DeLaney

Grace McKeever Appointed Superintendent of Nurses

Grace McKeever, Reg.N., a graduate of the Winnipeg General Hospital, has been appointed superintendent of nurses at the Manitoba School for Mental Defectives at Portage la Prairie, Man. After taking a post-graduate course at the Infectious Diseases Hospital, Montreal, Miss McKeever worked for four years at the County Hospital, White Plains, N.Y. Later she returned to the Winnipeg General Hospital, where she was in charge of the observation ward. In 1944, she joined the staff of the Manitoba School for Mental Defectives as acting superintendent and later became assistant superintendent. Miss McKeever succeeds the former superintendent, Gladys E. Lye.

* * * *

Medical Superintendent Appointed at Sanatorium in Windsor, Ont.

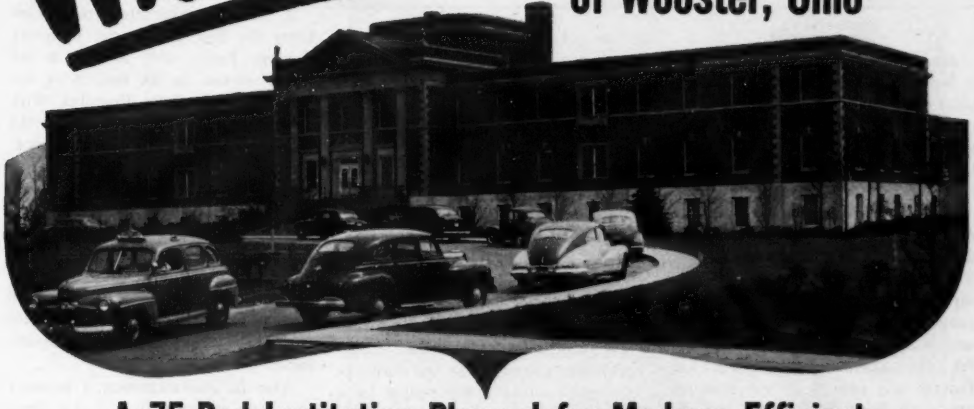
Dr. Hugh E. Robertson, C.M., F.C.C.P., has assumed his new duties as medical superintendent of the Essex County Sanatorium, at Windsor, Ont. A native of Perth, Ont., Dr. Robertson served overseas with the Canadian Army in World War I and graduated in medicine from Queen's University, Kingston, in 1924. He joined the medical staff of the Beck Memorial Sanatorium, London, Ont., in 1936 and remained there until his present appointment. Succeeding Dr. G. S. Jeffrey, who resigned to become superintendent of the Fort William Sanatorium, Fort William, Ont., Dr. Robertson is certified as a specialist in internal medicine (tuberculosis) by the Royal College of Physicians and Surgeons of Canada and has been awarded a fellowship in the American College of Chest Physicians.

* * * *

Superintendent at Cobourg, Ont. Transferred to Smiths Falls

Dr. Foster Hamilton, who has been superintendent of the Ontario Hospital at Cobourg for the past year and a half, has been transferred to the Ontario Hospital at Smiths Falls. Dr. S. G. Chalk, who previously had been with the Ontario Hospital in Toronto, has been appointed to succeed Dr. Hamilton at Cobourg.

Witness the Wooster Community Hospital of Wooster, Ohio



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Recent opening of this private, non-profit Wooster hospital emphasizes the *completeness* of Hoffman laundry equipment service. Even the smallest laundry is big in importance. That's why Hoffman is prepared to furnish the right size and type of machinery for laundries with smaller linen loads. And offers the same engineering survey and planning assistance provided to larger institutions. Scores of medium- and small-size hospitals have gained top linen output, lowest operating cost and maximum convenience by calling on Hoffman's specialized engineering counsel. Request it for your laundry planning.

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Notes on Federal Grants

Construction

At Vegreville, Alta., a new wing is being added to the General Hospital and alterations are being made in the existing building with the aid of federal health funds. The addition and alterations will provide space for 21 more beds, a new surgical suite with three operating rooms, a new obstetrical department, and an isolation unit for infants. This hospital, operated by the Sisters of Charity, serves about 7,500 people in an area of 900 square miles and is developing as a referral centre for paediatric services. The federal and provincial governments are each contributing $21,000 toward the cost of construction.

A new 30-bed hospital is being built at Indian Head, Sask., to replace one which has been in use since 1904. It will have x-ray, surgical, and laboratory services, and an out-patient department. The federal and provincial governments are each allotting $25,000 toward the cost of construction. Work is scheduled for completion in mid-summer.

In Ontario, federal grants totalling nearly half a million dollars have been allotted to the new chronic and convalescent unit of the Hamilton General Hospital and to the Toronto General Hospital for alterations in the Burnside Wing. The new hospital unit in Hamilton will have 322 beds and facilities for the care and treatment of convalescent and chronic patients. Construction is expected to take about two years and the federal grant is $483,000. At the Toronto General Hospital, alterations are being made in the Burnside Wing to provide three additional beds for obstetrical patients and a 19-bassinet nursery. The federal and provincial governments are each contributing about $9,300 to this project.

The St. Louis Marie de Montfort Hospital, which is under construction in Ottawa, Ont., has been awarded more than $240,300 from federal health grants. The new hospital is expected to be completed in the spring of 1952 and will have space for 216 beds, a 67-bassinet nursery, and medical, surgical, and obstetrical facilities. The exterior walls will be of brick and stone and the building will have six floors, a basement, and sub-basement.

At Springdale, Nfld., the new cottage hospital, which is scheduled for completion this month, has been allotted $31,324 from federal health funds to help meet the cost of construction. The hospital will have space for 27 beds, operating and x-ray rooms, an out-patient clinic, and living quarters for the staff. It will serve about 7,800 people in a 600 square mile area. Building costs not covered by the federal grant will be met by the provincial Department of Health which will operate this hospital when it is completed.

Mental Health

Money has been set aside to buy an electrostimulator for the Munroe Wing of the Regina General Hospital, Regina, Sask. This type of apparatus is recommended for the treatment of certain mild psychiatric conditions and is expected to be of considerable value in extending the facilities of the wing.

To improve treatment services at the Nova Scotia Hospital, Dartmouth, N.S., a psychotherapist has been engaged on a part-time basis. Psychotherapy is a time-consuming treatment procedure and has real value in mild forms of mental disease. It is also of considerable use in treating more serious mental conditions.

Professional Training

A doctor from St. John's, Nfld., has been awarded a public health bursary which will enable him to enrol in July at the University of Toronto for two years' graduate training in pathology. On completion of his studies he will return to the provincial health department's staff.

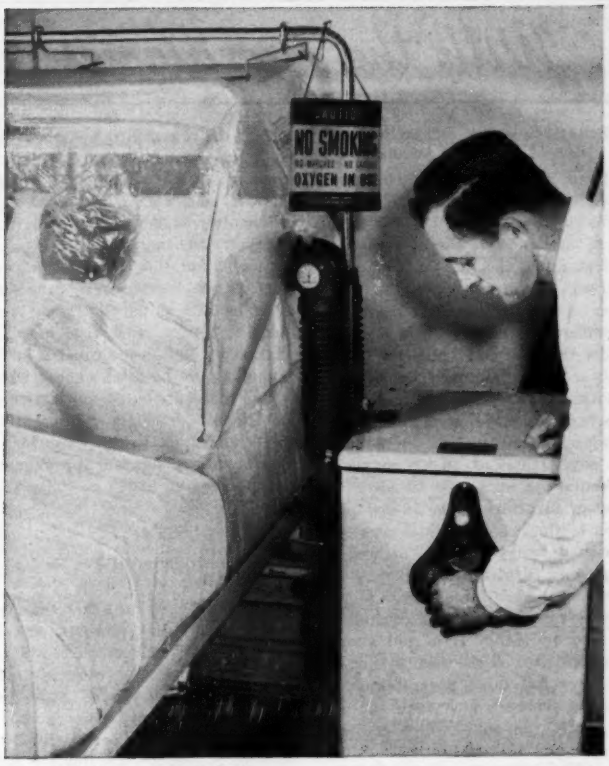
In Manitoba a bursary has been awarded to a bacteriologist with the provincial laboratory to take a short course in procedures used in diagnosing virus diseases. The course is being given at the Laboratory of Hygiene, Ottawa.

A medical laboratory technician from the Regina General Hospital, Regina, Sask., will receive a six weeks' course in Rh testing at the Children's Memorial Hospital, Winnipeg. This course will train the technician to carry out the laboratory tests required to diagnose Rh disease in expectant mothers and new born infants. A bursary has also been awarded to a Regina man to take a year's training in public health engineering at the University of Toronto. On his return he will become an assistant sanitary engineer in the provincial health department.

Also in Saskatchewan a bursary has been awarded to a doctor from the staff of the Saskatchewan Hospital at North Battleford which will enable him to take a year's training in psychiatry in England. He plans to spend six months at the Maudsley Hospital in London, and the remainder of the year in clinical work at the Institute of Social Psychiatry and the London Hospital Child Guidance Clinic. Funds have also been provided to meet the salary of an additional psychiatric social worker for the Saskatchewan Hospital in North Battleford. In addition to helping in the social service department of the hospital, he will also assist in the mental health clinic in North Battleford and Prince Albert.

An Edmonton nurse is at present taking a six months' course in maternity nursing at the Margaret Hague Maternity Hospital, Jersey City, N.J., with the help of federal funds. She will return to the maternity department of the University of Alberta Hospital, Edmonton, on completion of her course. An Edmonton man is also completing studies for a Master of Science degree in sanitary engineering at the University of Toronto with the aid of federal funds. On his return to Alberta he will assist in supervising the increasing work of the provincial division of sanitary engineering. Federal funds have also

(Concluded on page 103)



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With the Auxiliaries

Entertainment for Student Nurses Special Project of Auxiliary

Each month individual members of the ladies' auxiliary to the Oshawa General Hospital, Oshawa, Ont., assume the responsibility of entertaining the 12 to 15 student nurses, in various ways. In addition to this, each student receives a membership in the Y.W.C.A. in order that she may enjoy the different activities provided by this organization. However, the auxiliary's work does not end with this special project. Members have undertaken to pay a total of $6,400 in yearly installments of $1,200 to cover the cost of furniture in the 18-bed addition to the hospital, which was constructed two years ago, as well as replacing furnishings in the nurses' residence when necessary. Annual money-raising projects include a bridge on March 17th, and a meal tent operated by the members, at the Oshawa fall fair. Several hundred dollars are raised through the sale of tickets on dolls, which are purchased and dressed by the auxiliary, and displayed in local stores. Members are fined for absenteeism.

* * * *

Successful Fun Fair Aids Hospital at Virden, Man.

The woman's hospital aid to the Virden Hospital, at Virden, Man., assisted other community organizations in sponsoring a recent Fun Fair to raise money for hospital equipment. Members of the aid donated a radio-phonograph for a draw and operated two miscellaneous booths. A total of over $2,000 was raised and will be used for furnishing and equipping the hospital.

* * * *

26th Annual Meeting Held by Montreal Auxiliary

Reports, which were read at the 26th annual meeting of the women's auxiliary to the St. Mary's Hospital, Montreal, showed that the year had been another busy and successful one for the organization. Among the highlights were: special teas, a rummage sale, a fur coat raffle, showers, and a fashion show. Approximately $4,000 was spent by the auxiliary to buy necessities and comforts for the different wards. Over 33,000 bottles were collected, with the help of the St. John's Ambulance Corps, for the hospital pharmacy. This constituted a large saving to the hospital. The sewing committee contributed 900 articles; and 298,857 dressings, representing 4,000 hours of work, were made. This auxiliary has an approximate membership of 510.

* * * *

Florence Nightingale Tea Held by Auxiliary at Welland, Ont.

A Florence Nightingale tea was held by the ladies' auxiliary to the Welland County General Hospital on May 11th and prizes were given to the school children who made the best "Hospital Day" posters. At a recent meeting members decided to sponsor a fruit shower for the hospital again this year. They also heard a talk on the auxiliary's role in hospital public relations, and a résumé of the booklet, "Why Hospital Costs Have Risen".

* * * *

"Galloping Teas" Featured by Auxiliary at Burns Lake, B.C.

"Galloping Teas", which are sponsored by the hospital aid society to the Burns Lake Hospital, Burns Lake, B.C., have proved to be a very successful means of raising money for the hospital. During the past year the society has supplied the hospital with a Mix-Master and has also given a cheque which may be used to purchase a new bassinet or a Congoleum rug.

* * * *

Work Reviewed by Auxiliary at Belleville, Ont.

A review of the work accomplished by the women's auxiliary to the Belleville General Hospital, Belleville, Ont., showed that since its inception in 1938 some $30,000 has been raised for the hospital. Among the many items purchased were: oxygen tents, furnishings, electric food conveyors, invalid chairs, x-ray equipment, and incubators. The auxiliary also gives certain financial assistance to student nurses who may need it during training. Annual money-raising projects include a fashion show, the Christmas dance, garden party, and the opportunity shop.

* * * *

Auxiliary Makes Large Donation to the Montreal General Hospital

The women's auxiliary to the Montreal General Hospital has donated $5,400 to the hospital. This amount is to be used for a nurse's scholarship, the purchase of surgical and medical equipment, a grant to the social service department, and the salary of the director of volunteers. Membership fees, donations, contributions raised by branch auxiliaries, and the revenue from the gift shop and snack bar at the Western Division, made this donation possible. The auxiliary has launched its 1951 membership drive and, to date, 1,350 women have joined; 95 are new members.

* * * *

Refrigerator for Blood Bank Purchased by Auxiliary

The ladies' auxiliary to St. Joseph's Hospital, Comox, B.C., has purchased a refrigerator for the blood bank, at a cost of nearly $1,000. With the receipts from their annual tag day, which was held on May 12th, the members are planning to buy a special lamp which will cost approximately $400. A "display case" has also been set up at the hospital and members contribute the various articles for sale.

* * * *

Annual Report Shows Active Year for Auxiliary at Morden, Man.

An active year was reviewed in the 1950 annual report of the ladies' aid to the Morden Hospital at Morden, Man. The society has an approximate membership of 47 and

(Concluded on page 104)

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Provincial Notes

British Columbia

GANGES. Construction of a new Lady Minto Gulf Islands Hospital will begin shortly. The site has been surveyed and a road built to serve the new hospital. Last year the present hospital realized a profit of $1,602 and the total number of patients treated increased by 84. Improvements were also made during the year and include the installation of a new heating unit, redecoration of the nurses' residence, purchase of new medical equipment, and the laying of a new pipeline.

* * * *

KAMLOOPS. A post-operative recovery room has been officially opened at the Royal Inland Hospital. The Kamloops Lions Club contributed $1,500 to help defray the cost of the equipment which included such items as five bedside tables, three hospital beds with mattresses, an oxygen unit, suction unit, and three oxygen masks.

* * * *

PENTICTON. City rate payers have voted in favour of building a $1,150,000 hospital to replace the present 70-bed structure. The city will contribute $384,333 to the project. Present plans call for a 119-bed hospital.

* * * *

TRAIL. At the annual meeting of the Trail-Tadanac Hospital Board it was reported that an operating profit of approximately $1,037.13 was realized for the year 1950. In addition to this $10,685.16, comprising donations, room differentials, and recoveries of bad debts, was reported. General operating receipts for the year were $394,785.93 and general operating expenditures were $393,748.80. The amount of $10,685.16 mentioned above can be used to rebuild the working capital, for new equipment, or for any other purpose.

* * * *

VICTORIA. Work is under way on a new $90,000 laboratory at Royal Jubilee Hospital. The provincial government has contributed $36,000 in grants and the federal government has allotted $22,000 from federal health funds. The building, which will be 90 by 40 feet, is being constructed on the basis of an industrial laboratory, with one large room having stub walls dividing the various sections instead of individual rooms. It will be known as the J. Keith Wilson Memorial Laboratory. H. Whittaker of Victoria is the architect.

Alberta

CALGARY. An additional $37,333 in federal and provincial grants will be made to the new Calgary General Hospital which is now under construction. The new grant, to be shared equally by the two governments, was made on the basis of the number of bassinets in the maternity ward. To date a total of $989,333 has been allocated by the two governments. In addition to this sum, the city has received special grants for certain wards and services to be introduced in the new hospital, such as a $1,500 grant for a psychopathic ward.

* * * *

EDMONTON. Contracts have been awarded for a new east wing for the Edmonton General Hospital which is estimated to involve a total cost of $1,900,000. The new wing will provide the hospital with 200 additional beds, bringing the total bed capacity to 700 when the project is completed. George Heath MacDonald of Edmonton is the architect.

HIGH RIVER. A recent by-law was passed authorizing the borrowing of $80,000 to build a nurses' home for the High River Municipal Hospital. It is expected that tenders will be called within two months.

Saskatchewan

INDIAN HEAD. A new 30-bed hospital at present under construction will replace an older building which has been in use since 1904. When the hospital is completed it will have x-ray, surgical, and laboratory services, as well as an out-patient department. Work is scheduled for completion in mid-summer and the federal and provincial governments are each contributing toward the cost of construction.

* * * *

LANGENBURG. An official ceremony marked the opening in April of the new Langenburg Union Hospital. The 30-bed hospital was built at an approximate cost of $180,000 and is under the supervision of the Lutheran Order of Deaconesses, which has its mother house in Philadelphia, Penn. It is the first venture of the Deaconesses in Canada and two Sisters of that order will operate the hospital, assisted by a staff of 14.

* * * *

REGINA. The board of the Regina General Hospital recently approved a tender of $39,817 for the construction of new laboratory facilities at the hospital. It is expected that work will begin immediately and be completed in about two months. A grant of $10,000 has been awarded to the hospital by the provincial government. This is in addition to a previous grant of $15,000. It is hoped that the grant will be matched by the federal government to help in meeting the cost of the new laboratory facilities.

* * * *

ROSTHERN. A general contract has been awarded for the construction of a union hospital. Building plans call for a T-shaped structure, measuring 194 by 186 feet. It will have 20 beds, as well as a 12-bas-

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The laundry in this modern new hospital is a model in every respect. Their equipment is of the latest design, the floor plan is carefully thought out to eliminate all unnecessary steps. This combination of up-to-date equipment, latest laundry techniques and extremely workable floor plan layout is already producing high quality laundry work.

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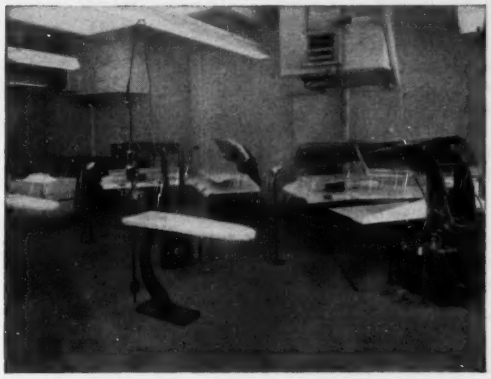
Colgate congratulates the city of Peterboro, and especially all those citizens responsible for the erection of this modern new hospital.



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ST. JOHN'S MONCTON QUEBEC CITY MONTREAL OTTAWA WINNIPEG REGINA CALGARY VANCOUVER

sinet nursery, and space for two isolation beds. Tenders were also awarded for the installation of an oil burner in the building. The new hospital will replace the present one and it is hoped that it will be ready for occupancy next February.

Manitoba

MINNEDOSA. The Lady Minto Nursing Home was officially opened in April. Converted from the former Lady Minto hospital building the home has accommodation for 17 patients and is privately owned.

* * * *

MORDEN. A contract has been let for the construction of a 50-bed district general hospital and work is expected to commence shortly. The building will be of brick and is expected to cost approximately $235,000. Included in the plans, which were designed by Moody and Moore, architects, of Winnipeg, is a children's ward. The Morden hospital will serve a district which extends from one mile east of the town to the Crystal City area, approximately 40 miles west. Two nursing units have been erected already in the district. One at Pilot Mound is now in operation and the other at Manitou will be opened shortly.

Ontario

BOWMANVILLE. The Bowmanville General Hospital, which is being replaced by the new $400,000 hospital, has been sold and will be made into a private nursing home when the new hospital is completed. The nursing home will provide accommodation for 50 patients and will be owned and operated by Mrs. Ethel Smith, who is presently operating the Belcrest Nursing Home at Belleville, Ont.

* * * *

HAMILTON. The Mountain Sanatorium has purchased 73 additional acres of farm land adjacent to the hospital for their farm which at present has 102 cattle. The sanatorium now has an all-time high of 755 bed patients, and there is need to increase production of dairy supplies.

* * * *

KENORA. A new extension to the nurses' residence at the Kenora General Hospital was recently opened and has now been occupied by the staff. Constructed on the north side of the old residence, the new section is built of steel and concrete. The domestic staff is accommodated on the ground floor and the nursing staff on the second and third floors, with the superintendent's suite on the top floor. Approximately 16 hospital beds have now been made available for patients in the hospital proper, since the domestic staff has been transferred to the new addition. Single and double rooms, which are attractively decorated, have been provided for the nurses, as well as a kitchenette on the second floor.

* * * *

TILLSONBURG. The name of the Tillsonburg Soldiers' Memorial Hospital was changed, at a recent meeting of the hospital trust, to Tillsonburg District Memorial Hospital. The treasurer's report showed that the new wing was nearing completion although $59,000 was still needed to help defray the cost.

Quebec

MONTREAL. Revised building plans have been announced by the Montreal General Hospital and the Children's Memorial Hospital in order to meet rising construction costs. The Children's Memorial Hospital will take over the present Western Division of the Montreal General Hospital at Atwater Avenue instead of building a new wing to the present hospital on Cedar Avenue, which will be sold after the hospital moves to its new location. The Montreal General Hospital will build four additional storeys to its proposed new hospital on Cedar Avenue, to accommodate the Private Patients' Pavilion of the Western Division. A capital saving of about $1,500,000 and an annual operating saving for the two hospitals of nearly $300,000 is estimated as a result of the revised plans.

MONTREAL. The 50th anniversary of the founding of the Hotel-Dieu's School for Nurses was celebrated last month when the new Jeanne-Mance wing for nurses was officially opened. Many comforts have been provided for the student nurses in the seven-storey structure which contains some 300 rooms. Each bedroom is tastefully decorated and has spacious cupboards, book shelves, a desk, armchair, running water, et cetera. A microphone has also been installed in the rooms and is connected to a central board to facilitate calls. Each storey has a kitchenette and a launderette, with an adjacent ironing room. Excellent classrooms, laboratories, an auditorium, and a gymnasium, have been provided.

New Brunswick

GRAND MANAN ISLAND. The Grand Manan Red Cross Outpost Hospital, which was established and operated by the Red Cross Society, has been turned over to the community and will now be known as Grand Manan Hospital. Miss Gladys Mason, Reg.N., of Canterbury, N.B., has been appointed matron and assumed her duties at the beginning of April. The hospital was opened in 1941 with a capacity of 10 beds and four bassinets. Last year a new wing was built, with aid from the federal health grants, and this will increase the total number of beds to 15. The wing provides space for a new delivery room, nursery, five beds for maternity patients, and also attractive living quarters for five nurses.

Newfoundland

ST. JOHNS. Plans have been completed and tenders will soon be called for the construction of a new wing to the Grace Hospital. The additional space will be used mainly for maternity cases; however, provision will also be made for other facilities. To be erected between the present hospital and the nurses' home, the new wing will be financed from funds raised during the Salvation Army's anniversary campaign, which was conducted in 1948.

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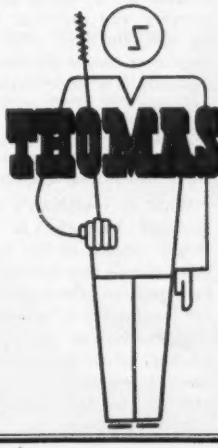

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(Concluded from page 36)

by local circumstances. Reasonable demands for consistently high quality and dependable service are respected by all efficient suppliers.

The quantity of milk used will be based on the dietary needs of patients and staff. Canada's Food Rules are an accepted guide to planning meals for normal diets and will be the basis for all staff meals and for all regular diet trays.

Minimum amounts of milk per day as stated in this guide are:

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Adolescents—at least 1½ pints

Children (up to 12 years)—at least 1 pint.

Patients' menus should supply more than minimum amounts of milk and a high consumption by the staff is advantageous.

As a Beverage

Milk as a simple beverage must be fresh and chilled, or if preferred, served hot. Milk drinks are a favourite means of supplying extra nourishment when required and can be built up in various ways to supply more calories or higher protein, with little or no increase in volume. Here is one field where fortification with dried milk solids can be put into practice. Protein, mineral and vitamin values are increased by combining dry skim milk with whole milk and the patient may be quite unaware that anything has been added. Even one tablespoonful of dried skim milk used in this way will increase the protein content of a glass of whole milk by about three and one-half grams, besides supplying extra calcium and riboflavin and other important nutrients.

There are innumerable variations of flavoured and fortified milk drinks and food supervisors will find it very useful to collect a file of recipes, noting the calorie values and protein content of each.

Milk used generously in cooking, in both fluid and dried forms, will materially increase the nutritive value of the hospital diet, with resulting benefit to patients and staff, and a possible lowering of food costs. Its use may make possible a reduction in the quantities of the more expensive protein foods served. Dishes made with milk should be distributed wisely throughout the week's menus. Cream soup, a creamed vegetable, and a milk pudding, have been known to appear at the same meal. Obviously such a combination is badly planned or an unfortunate accident.

Special Diets

Modifications of the basic rules must be made when planning special types of diets. In liquid and soft diets, milk is more than ever a standby. However, great ingenuity and imagination are required to use it to the best advantage and keep the patient happy and well nourished. Milk drinks will be featured in these cases—but there are many other ways to introduce milk in varied and palatable forms. Permitted cereals, for instance, can not only be cooked in milk but may have extra milk added in the form of dried milk solids. The sometimes monotonous procession of "creamed" foods should be varied by serving them in different forms such as individual casseroles, main dish custards, airy soufflés, or occasionally a chilled, main-course "mousse", in which fish particularly can be featured to advantage. The phrase "milk desserts" may still provoke something less than enthusiasm on the part of some people. Others will ask for these dishes whenever they are offered. The reason for such opposite attitudes, to our ways of thinking, is just plain "good cooking". Milk mixtures are best when cooked slowly and this precaution, along with accurate recipes which are carefully followed, will do much to produce desserts of consistently good texture. Texture is often the criterion of acceptance. There is little urge to eat when a custard is curdled, a blanc mange lumpy or leathery, a bread pudding dry as dust, or a Spanish cream so firm it will bounce! The best advice we can offer in a limited space is concentrate on good cooking.

There are two other very important branches of hospital food service where milk plays a leading role *i.e.* special diets individually prescribed by the physician, and infant feeding. Neither of these subjects can be dealt with helpfully in a general article, but in both fields the necessity of obtaining a high quality product and ensuring proper care in storage and handling cannot be over emphasized.

Nor can too much emphasis be placed on the role played by food in general as a means of hastening recovery and restoring the patient to complete and positive health. Good nutrition is the basis of health and milk is a basic element in good nutrition.

Simple Rules for Keeping

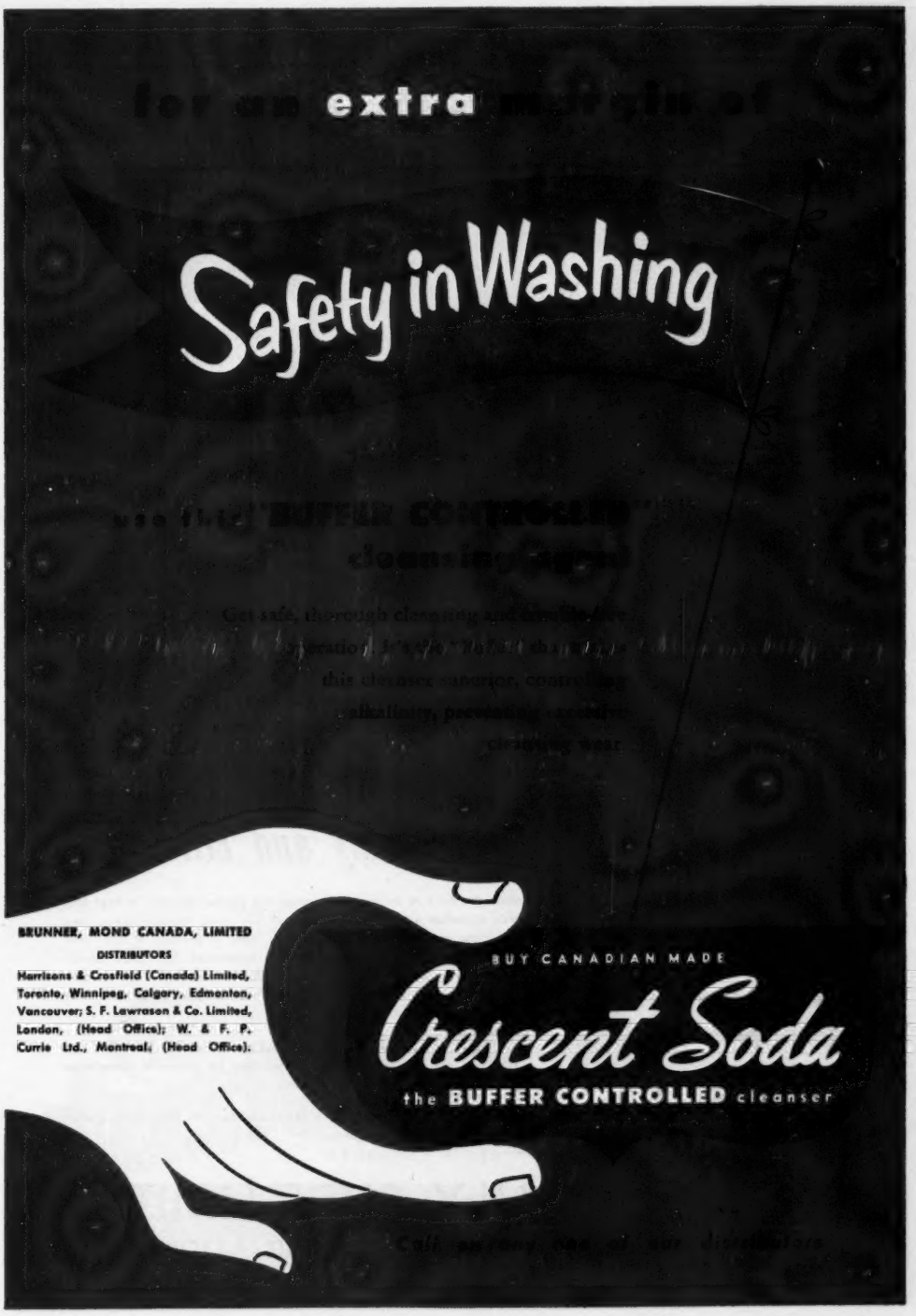
MILK

in Good Condition

1. Keep the refrigerator spotlessly clean.
2. Keep milk between 38 and 45 degrees Fahrenheit. Use a reliable refrigerator thermometer.
3. See that the coils of an electric refrigerator are defrosted often. Consult the refrigerator manufacturer regarding this.
4. Cases of bottled milk should be kept clean and so arranged in the refrigerator as to allow a free circulation of air.
5. Rotate the daily supply so that older milk is used first.
6. Milk once taken from the refrigerator and returned should be kept separate and used as *soon* as possible.
7. Never pour milk from one container to another, unless the empty container has been thoroughly cleaned and sterilized by steam, scalding water, or a satisfactory chemical solution such as chlorine.
8. Rinse out empty bottles and cans in cold water and return them daily.—*The Associated Milk Foundations.*

Nurse Shortage Persists

What is everybody's business is nobody's business. Is Mr. John Public sincere in his demands for more nurses and nursing? If so, is he prepared through his elected representatives to provide money to support nursing as he now does teacher education, medical education, et cetera? Is it not time for him to declare himself?—*Health League of Canada.*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Kitchen Equipment

(Continued from page 33)

butter patties, et cetera, can be conveniently dispensed in this way.

Pre-wash Equipment

The importance of the pre-wash in increasing the efficiency of the dishwashing section has gained recognition recently. The pre-wash arrangement is installed in the soiled dish counter near the entrance to the dishwashing machine. It may be quite simple in design. A recessed construction resembling a sink the size of a dish rack is made in the table. It has a draining arrangement and a perforated removable top. The rack of soiled dishes rests on top. A spraying gadget attached to the side of the table is used to wash off the dishes. The water is luke warm and is turned on with a press lever. In this way the greater part of the food is washed off dishes and is caught in the perforated basket over the draining compartment. There is a fabricated pre-wash machine on the market now which has the additional feature of garbage disposal.

Details in equipment are receiving more attention lately. Small spice bins in the enclosed shelf above the baker's table fit over a bar to allow tilting but are completely removable for cleaning. In the ward pantry, bread drawers may be incorporated in a table or unit. They have cylinder locks, and are ventilated by vents covered with stainless steel wire mesh. The drawers are hung on suspension rollers and are removable. Cutlery boxes are now cylindrical in shape so that the cutlery stands on end and the handle is the only part touched when a piece is taken out. One item of value is a small stainless steel stand in which various attachments for the mixing machine are stored. Too often these delicate parts are broken by improper storage.

Meals on Wheels

The wagon shown here is designed to bring hot food to the patient's door. Built of stainless steel, the gleaming "hot-wagon" is easy to handle and keep clean. Rectangular or square stainless steel dishes fit snugly into racks and the whole is kept piping hot by built-in electric elements. A wide variety of foods can be assembled and menus are distributed to the patients so they may choose their meals in advance. One wagon is sufficient to serve a fairly large area and bringing the food wagon directly to the patient results in fewer complaints and a minimum of wastage.

Food Conveyors

The latest development in food conveyors is the one-piece top, all-welded body, type. The all-welded body allows the unit to be steamed or hosed down after use. The drawers in these conveyors, which can accommodate more food in the heated section, have rounded corners. A fabricated electrically heated food truck which is sold commercially has a 4-heat switch which can control heat in each section. The range is 120° to 275° F. These trucks are available in six sizes. They are of durable stainless steel construction, with 5" heavy duty, rubber-tired, ball-bearing wheels, reinforced rubber bumper, and 10" drop-type hard maple carving board.

Another fabricated food conveyor consists of a carrier constructed of Duraluminum, heavily braced and fastened, with an all-around rubber bumper. There are 4 rubber-tired wheels, two swivel and two fixed, mounted on anti-friction bearings. This carrier will transport 48 meal containers and 8 two-quart stainless steel vacuum bottles. The meal containers consist of a Pyrex divided plate which is placed inside a sturdy insulated container. The Pyrex dish is pre-heated or chilled as the case may be, the food is served, and a special aluminum foil disc is placed on top. The plate is then put in the lower part of the insulated container. A second dish may be placed above this one, the top section is then inserted, and the two are tightly locked together. The manufacturer claims that food can be kept satisfactorily in these containers for two to three hours after packing.

A new pressure-type cooker can cook potatoes in 10 to 15 minutes and peas in one to two minutes. A mechanical timer rings at the end of the cooking period. This cooker requires no steam connection as it is gas operated and produces its own steam.

Two electric food dicers have been manufactured which claim to produce excellent results. Both these machines are of sturdy construction, with all moving parts

(Concluded on page 94)

SHAMPAINE PERFECTION TABLE

with Head-End Controls at END of Table!

Compare accessibility of ALL controls to any other table!

• NO SIDEWHEELS *to Obstruct the Surgeon*

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The Shampaine S-1503 Perfection Major Operating Table offers completely head-end, touch control of every table-top position. Sides are always clear, allowing the surgeon complete freedom of movement. The anesthetist's eyes are always on the patient—no dials or visual gadgets to observe beneath a fully draped table. A hand on a wheel —or a foot on a pedal—quickly and easily completes each required adjustment—with greater ease and without the reaching necessary on other operating tables.

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THE MARRETT HEAD — 'To and fro' soda-lime absorber with single-handed quick changing design. Composite type ether vapouriser with one simple control for either the patient's breath, the fresh gases or both. No wick employed. Automatically controlled 'To and fro' vapourisation with absorber 'off', and once over ether with absorber 'on', thus avoiding 'dead space in circuit. Simple vapourisation of trichloroethyline. Accurate glass Rotameter flowmeters. Rebreathing control valve with various settings for insufflation techniques, ether 'draw over', patient 're-education', etc. Remarkably economical in anaesthetic gas consumption. Compact, light and portable. Weighs only 12 lbs. 12 ozs. All controls in one field of vision. Pleasingly designed and finished.

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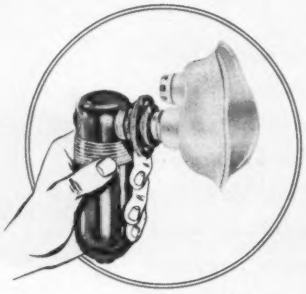

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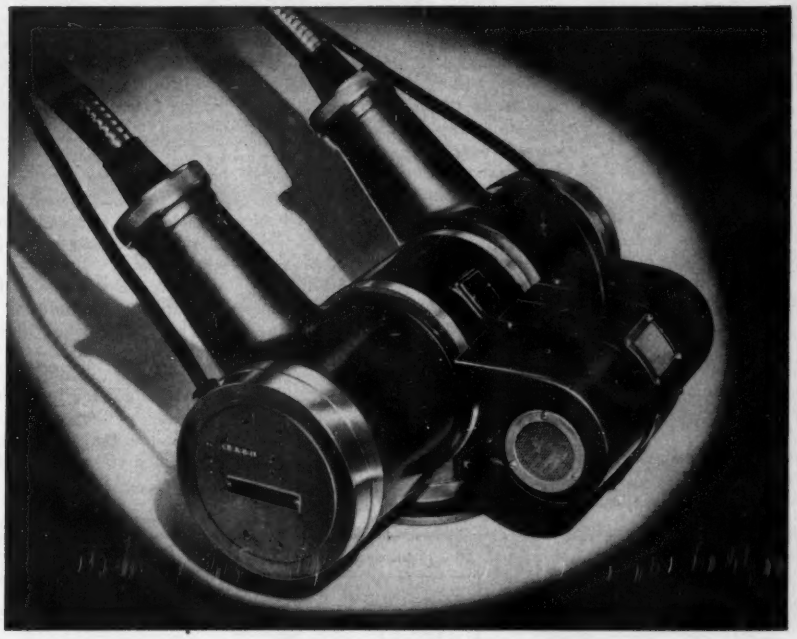

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Philips research, which has broadened the usefulness of X-rays as a diagnostic medium through numerous advancements in X-ray tube design, now is offering a Rotating Anode X-ray Tube with a double focus, *the smallest of which is 0.3 mm.* This focus so closely approaches a point source that radiographs three and four times their normal size do not sharply lose detail as do larger foci due to penumbre effect.

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Hospital Bakery

(Continued from page 37)

small table on casters equipped with an undershelf and grease-proof rubber wheels. In the centre of this U-area, parallel to the work-table and sink is the baker's table (12), with utensil rack above supplied with moveable pot hooks. If a hand sink is not conveniently near, one should be placed next to the baker's sink.

Special Equipment

The usefulness of small tables on wheels can hardly be overstated. However carefully planned, few work surfaces are adequate under all circumstances. A moveable table, always at hand, when and where needed, is a veritable space-provider and saves both time and motion. No section of the food preparation area should be without one.

In determining the choice of an electric mixer, the following factors are worthy of consideration.

1. Is the machine of a standard make?
2. Has the manufacturer a service department in the area?
3. If of a foreign make, are parts readily obtainable and is their cost reasonable?
4. What capacity bowl will be most often needed? If it is to be a 60- or an 80-quart bowl, will a 30-quart with adapter, beater, and whip, be best suited to the smaller batches less frequently made? Or should an entire supplementary machine with a 10- or a 20-quart capacity bowl be purchased?
5. Some manufacturers supply their large bowls with casters attached, an arrangement which is manifestly convenient for transporting mixes. If purchasing a bowl not so equipped, a "dolly" on casters is a good substitute and an invaluable asset for transportation purposes.

When it is possible, an arrangement whereby a daily supply refrigerator would open upon a general cold storage box, or general stores, or upon a section intermediate between the two, is advantageous. This would obviate many traffic problems between the supply area and the bakery.

Maple or marble tops appear to be the choices for the surface of the baker's table. Marble is almost unsurpassed for pastry-making. However, it is expensive, with a life-expectancy shorter than that of maple. The latter, if properly cared for, gives excellent service.

Flour, sugar, and other dry supply containers on casters, can be fitted snugly under the bakery table. An alternative often used is a table fitted with bins. Two disadvantages of the latter are apparent. First, when full, the bins are heavy to pull down. There is the possibility of this causing them to slip back and catch the operator's hand. Secondly, unlike bins on casters, they cannot be moved into the general storage area to be refilled.

Small spice bins are often constructed as part of the baker's table, operated in much the same way as the second type of under-the-table bin described above.

The pastry bowl, figure (4) in the sketch, is a very versatile piece of equipment, lending itself to an almost infinite variety of uses other than pastry-mixing. These are: hydrating gelatin, dredging fruit for cakes, soaking bread and cake for puddings, et cetera.

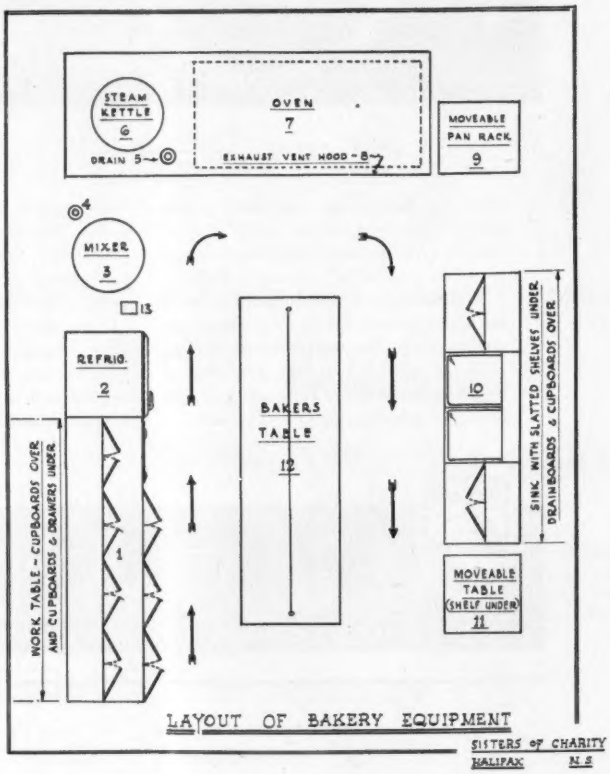
One item of equipment which is a "must" for a baker is a scales, represented in the sketch as figure (13). We use a 25-pound capacity platform scales, mounted on a small table of work-surface height, and equipped with casters for flexibility in moving to any desired position.

Personnel

For a hospital of 100 beds, one experienced baker and an assistant are adequate if bread is purchased outside. I hesitate to define at what point another assistant should be added to the staff but suggest that one would be required for each additional hundred patients.

The baker should be provided with standardized formulae for his products, so that results will not vary and so that costs may be controlled and yield estimated. It is in

(Concluded on page 94)



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VENOPAK offers other safety advantages, too. Sterile cotton filters all replacement air entering the container. Supplemental medication may be added directly to the container, or by a syringe injection through the strip of gum rubber tubing at the needle adapter. VENOPAK is used just once, then thrown away, eliminating the possibility of cross reactions. It's ready for use as it comes in the easy-to-store package. Ask your Abbott representative for a demonstration on his next call.

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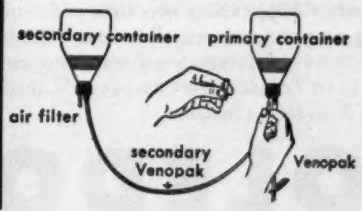

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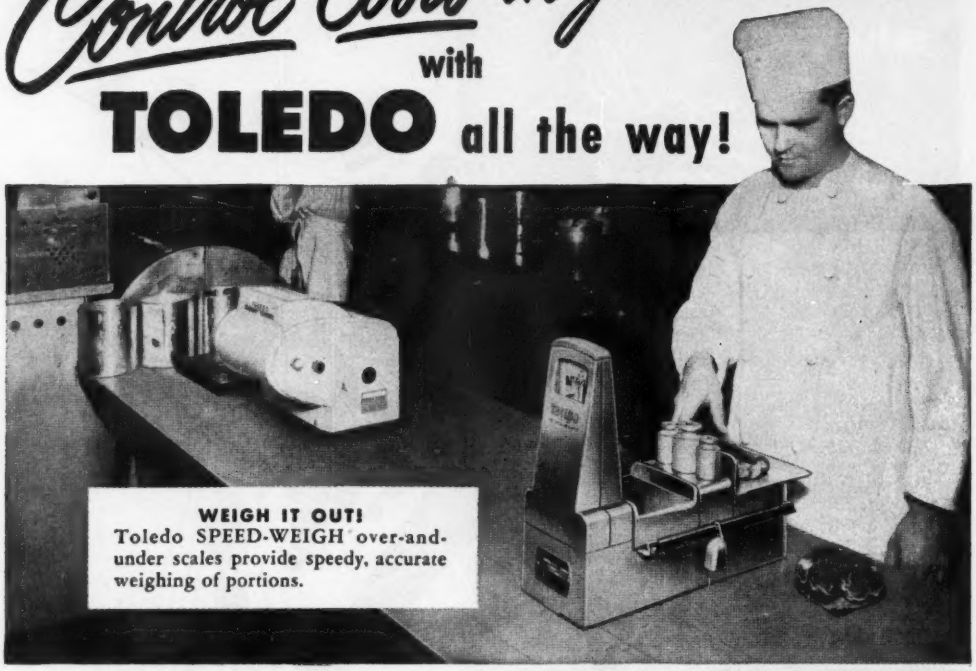

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Toledo SPEED-WEIGH over-and-under scales provide speedy, accurate weighing of portions.

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Modern Toledo Scales and Food Machines help you *control costs* in your kitchen . . . *serve tastier, more appetizing meats* . . . and *save time* in handling and preparing foods!

Start right when food is received . . . *weigh it in!* To avoid costly oversize servings of steaks, roasts, salads, croquettes, patties and similar foods . . . *weigh out portions* with a Toledo SPEEDWEIGH Scale! To control quality . . . *weigh ingredients* going into mixes.

You can serve tempting new menu items—delicious TOLEDO STEAKS—produced with a Toledo Steak Machine. Also, a Toledo Saw and Toledo Chopper help save time and avoid waste in preparing meats. Ask your Toledo-man for more information—or write for new bulletin 1130. Toledo Scale Company of Canada Limited, Windsor, Ontario.

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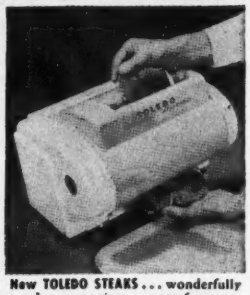
WEIGH IT IN. Toledo Receiving Scales ideal for weighing-in all produce and meats . . . Portable Scale Model 1800.



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Biennial Meeting

(Continued from page 44)

pinch. As an example, phenol is in short supply, and, therefore, the whole group which stems from it is affected. Chlorine is scarce and, as a result, all chlorine derivatives such as chloroform, carbon tetrachloride, et cetera, are in turn influenced." He also stressed that many, although as yet, have had little experience with shortages, these shortages do actually exist. If the usual good service has been received it is only because manufacturers and wholesalers have had the foresight to anticipate the shortage.

Mrs. Christina James, representing the Canadian Association of Social Workers, discussed the vital importance of medical social work, as an extension of hospital care and a means of preventing a high percentage of re-admissions.

On the subject of personnel requirements, representatives of the various professional and technical groups were given an opportunity to outline present resources and suggest ways and means of increasing the number of workers to meet current shortages. It was made clear that in every category the cost of training personnel is a varying factor. Dr. O. C. Trainor cited one instance where there was a surplus of applications for training in laboratory technology while, at the same time, the hospital did not have the facilities for training more than a small number and could not undertake the expense of expanding its school. He asked whether any help could be expected from the Dominion government.

As a representative of the D.N.H. & W., Dr. Gordon Wride pointed out that while assistance was being given to individuals under the federal grants program, direct aid to specific schools has not been possible. He reminded delegates, however, that the answer to this problem could lie in whatever action might result from the recommendations of the Massey Commission, which are now under consideration.

R. J. Weatherill of St. Catharines, Ont., suggested that through careful job analyses many hospitals could make better use of the personnel now available.

George Findlay Stephens Memorial Award

An interesting ceremony took place at the official dinner on Monday night when President R. Fraser Armstrong presented the George Findlay Stephens Memorial Award to Dr. A. L. C. Gilday of Montreal. (See May issue p. 28.) The formal citation was read by Dr. L. O. Bradley, and a suitable gift was presented.

Guest speaker, Jean Lesage, parliamentary assistant to the Secretary of State for External Affairs, discussed the economic and social work of the United Nations. In summary, he emphasized that the "United Nations is not only represented by a soldier with a bayonet but also by a doctor with a hypodermic syringe".

Photo by Eileen Scott

Preparedness for Disaster

At a two-hour session on civil defence preparations, delegates were given direct advice and warning by a panel of experts. These included: Maj. Gen. F. F. Worthington, Co-ordinator of Civil Defence; Col. J. N. B. Crawford, Department of National Defence; and K. C. Charron, M.D., Civil Defence Planning Group, D.N.H. & W. A grim picture was painted of conditions which would result from use of the atom bomb, but all were agreed that major effects of the disaster could be minimized by preparations made well ahead of time.

Maj. Gen. Worthington assured the audience that civil defence organization and planning is now going forward at all levels of government and outlined the responsibilities of each. "A point to remember", he said, "is that we can only survive if every agency gets to work. This is straightforward patriotism which requires voluntary time and the only wage which the patriotic man and woman will receive from this effort is the continuance of the freedom and liberty we now enjoy."

The role of hospitals in case of atomic attack was outlined by J. H. Roy, superintendent of Hôpital St.-Luc, Montreal. In his introductory remarks, he said: "Preparedness for national emergency and disaster, in the face of the many pressing problems which confront our hospitals today, constitutes a major challenge to the administrator and his co-workers. Yet, preparedness is the very essence of hospital function and this new challenge must be met by resourceful planning and with resolute determination." He summed up the functions that hospitals must be prepared to carry out, *i.e.*, receive casualties; provide initial casualty care and continue it if necessary; designate non-critical patients to be transferred to their homes or other predetermined points; and care for critically ill non-casualty patients remaining in hospital.

In his absence, the address of Dr. W. S. Stanbury, Canadian Red Cross Commissioner, on the part that the Society is slated to play in the country's defence was pre-

(Continued on page 90)

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Dietetic Workshop

(Concluded from page 50)

ward maids will help to deliver trays, who will serve the nourishments, who orders them and who washes nourishment dishes.

Equipment and Supplies

Hospital policy in regard to the purchase of dietetic supplies and equipment must also be clearly outlined. Who is to do the actual purchasing? Is there a purchasing department or will the dietitian purchase her own supplies or part of them? The purchasing power of the hospital must be clearly established. The dietitian must know if she can purchase on tender and contract or on a daily, hand-to-mouth, basis. She must plan facilities, and know if there will be adequate refrigeration for storage of frozen foods or if she must plan to have them delivered daily. Geographical location may decide some purchasing problems for you. If you are inland, your supply of sea food may be limited; and if you are some distance from a packing plant you will probably have to take all your meat whenever a carload is shipped in. It must also be decided who has the responsibility for receiving foods, who delivers them to their ultimate destination, and who has the final word concerning the quality and quantity of goods received.

Stemming from policies regarding standards of service will be your established needs for certain equipment. Equipment requirements are determined by the job to be done, the type of labour, and the services available. What does your community offer in the way of gas, electricity, AC or DC current, oil, and coal. Maintenance policies are most important. Will your equipment be checked regularly to keep it in good working order, or just be repaired as breakdowns occur? Who will be available for emergency repairs to important service equipment? It must also be decided who is ultimately responsible for sanitation standards. You must judge if your equipment will be satisfactory and if there will be enough hot water. All of these things, while details in themselves, add up to efficient operation if they are taken care of properly.

An important inter-departmental link is that with the housekeeping and cleaning departments. It must be clearly established who is responsible for the clealiness of areas, floors, walls , windows, screens, chimneys, hoods, elevator shafts, cabs, et cetera. For some obscure reason, dietetic staff often seem to be expected to clean walls, windows, and screens, when they have no equipment or time-allotment for this type of work. It must be decided who is responsible for the collection and disposal of garbage and who will take care of rodent and pest control, so that these important functions will be attended to adequately.

Policies must also be established regarding the controls to be instituted for supplies. A simple food cost system is a basic essential and should be set up at the outset to provide both the dietitian and administrator with the information necessary. Systems of requisitioning supplies must be outlined, taking into consideration, storage facilities in the kitchens, the time supplies are required for use, and the facilities for delivering them. Deliveries may be daily, weekly, twice weekly, et cetera. Whether or not you can establish set standards for the quantities of materials allowed per unit of operation is something which must be agreed upon by all those involved in their use.

Personnel Policy

Personnel policies are most important. The number and type of employees required will be determined by the standards of food and service that you have decided upon. Working conditions, hours, employee benefits, and privileges, must be outlined. These will be affected by the efficiency of your general layout, the relationship of areas, and the amount of labour-saving equipment that you are able to purchase. There must be a clear understanding regarding who selects the employees, who is responsible for terminating employment, and on what ground it may be terminated.

A final indication of policy is required regarding therapeutic diets. The extent of variations to be provided must be stipulated, as it will affect both employee and equipment requirements. It must be understood who is responsible for writing therapeutic diet orders and who is responsible for progressing or changing the orders. The diets to be followed must be outlined. Either develop a manual of your own or adopt one published by some authoritative source. An important matter to decide is the number and type of standard infant formulae you are prepared to make. Another question to consider is where diet extras will be prepared. Will this be done in your main preparation area and sent with your regular menu food or in the ward kitchens, or in both places?

Once policies are formed and set down, inter-relationships of departments understood, and the objectives of the hospital clearly seen by all concerned, the dietetic department is ready to take on definite physical characteristics.

Federal Funds to Aid Studies of Nutrition Among the Aged

Studies of nutrition among the aged are to be undertaken at the University of Western Ontario, London, with the aid of federal health funds. The research will be directed jointly by Dr. F. S. Brien, professor of medicine at the university's medical school and physician-in-chief of Victoria Hospital, and Dr. H. T. McAlpine, fellow in medicine. Both Dr. Brien and Dr. McAlpine have conducted studies of the role of protein in a variety of pathological conditions.

Certain studies already made suggest that symptoms commonly attributed to old age may, at least in some cases, be caused by a nutritional deficiency. The London researches will begin with a detailed qualitative and quantitative study of the calories, fat, protein, and carbohydrates eaten by a large number of aged people. Then observations will be made of the effects of variations in diet, both as to quantity and quality of food, and of the use of vitamins and hormones. Preliminary work is expected to take about a year, but the project as a whole is a long-term one.

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OUR DIETITIAN SAYS

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If you would like recipes or other information on this subject, please write me.

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Ontario Institute

(Concluded from page 48)

hazards. He pointed out the various materials and pieces of equipment which are potentially dangerous and emphasized the value of training personnel to use safety techniques. Priscilla Campbell, Reg.N., Administrator, Public General Hospital, Chatham, dealt with the hazards common to patients and staff. She explained that the foundation of protection against common hazards is simply "good housekeeping", and pointed out that safety is an integral part of every employee's work, and must never be considered as an "extra".

Medico-legal aspects of hospital administration were examined by Dr. Charles Letourneau of Northwestern University, Chicago, Ill. He explained that, in general, the hospital is fully liable for injury caused by *things* under its control, as well as for the acts of non-professional employees. He concluded that the general trend of the law is to consider the hospital as a business; thus it is important for hospitals to carry public liability insurance.

Insurance protection for hospitals was the topic discussed by Robert W. Longmore, Assistant Superintendent (Administrative) of the Toronto General Hospital. He outlined in detail various kinds of protection and warned that "complete coverage does not, in any way, reduce the responsibility of the hospital in endeavouring to maintain at a minimum the hazards for which we seek protection."

The general themes of cost and accounting were featured at the Thursday afternoon session. M. B. Wallace, Treasurer, Toronto Western Hospital, spoke on credit controls and collections. He explained that credit could be divided into two sections, that required by bed patients and that sought by ambulatory patients. He pointed out that an account clearly opened is half collected; thus it is particularly helpful if information is correctly recorded on admission forms. Speaking on the development of the hospital rate structure, A. Fraser Moffat, Treasurer of the Ottawa Civic Hospital, traced the growth of charges, pointing out that the increase in rates has paralleled the development of services and equipment. He suggested that the basis for the rate structure should be cost, starting with the cost of the standard ward in-patient. Murray W. Ross, Assistant Secretary of the Canadian Hospital Council, dealt with the business aspects of admission. He outlined various procedures and stressed the importance of having admitting forms of efficient design.

The Friday morning session opened with an address by Leonard P. Goudy, Secretary of the Council on Administrative Practice, American Hospital Association, who spoke on purchasing techniques. He recommended centralized purchasing as the most economical and efficient method and suggested that hospitals set up specifications for materials to be purchased. Ivor H. Hunt, Director of Stores and Inventory, Toronto General Hospital, spoke on the physical plant and staff requirements of the stores department. He stressed the importance of training stores personnel, and discussed various storing methods. The subject of storeroom procedures and inventory records was examined by Eric R. Willcocks, Accountant, Toronto East General Hospital. He made many valuable suggestions and outlined the steps to be taken in establishing a permanent inventory. Stan W. Martin, Assistant Superintendent of Toronto East General Hospital, spoke on "Equipment, Plant Ledgers, and Depreciation". He referred administrators to the form, developed by the provincial department of health, as a good example of a ledger form required for recording assets. He also drew their attention to pages 71-80 of the accounting manual put out by that department for additional information regarding depreciation.

At the final session of the Institute, Murray W. Ross, examined the effect of federal sales, excise taxes, and customs duties on hospital purchasing. He outlined current regulations and emphasized the need for hospitals to observe these regulations "to the letter". R. J. Baker, Assistant Superintendent (Business) of the Hamilton General Hospital, gave the concluding address on budget planning and preparation. He outlined the fundamentals of budget planning which the administrator should consider and stressed that proper control cannot be obtained unless a separate budget estimate is prepared for each department.

As an interesting conclusion, the special guest of the afternoon, Dean Conley, Executive Director of the American College of Hospital Administrators, spoke briefly on the functions of the college.

Excellent planning, informative and well presented lectures, and the enthusiasm and interest of students, all contributed to the success of this year's Institute. R. Fraser Armstrong was chairman of the general committee and J. B. Neilson, M.D., was chairman of the program committee.

Lt.-Col. V. Pearl Payton

Lt.-Col. V. Pearl Payton, Reg.N., head of the Salvation Army social work in Canada and Bermuda since 1948, died at Grace Hospital, Toronto, in April. Born in Peterborough, Ont., 57 years ago, she began her Salvation Army service there, becoming an officer in 1915. She received her nurse's diploma at London, Ont., and served in hospitals in Saint John, N.B., and Windsor, Ont. For a time Lt.-Col. Payton was superintendent of the Salvation Army Hospital in Halifax and later was superintendent at Grace Hospital, Winnipeg, for 15 years. She was also superintendent of Grace Hospital, St. John's, Newfoundland, for five years and established a nurses' training school there. As head of the social work division, Lt.-Col. Payton supervised 38 women's social service institutions and she will long be remembered for her kindness and understanding. ●

Alexander Hamilton once said to an intimate friend: "Men give me some credit for genius. When I have a subject in hand I study it profoundly. Day and night it is before me. I explore it in all its bearings. My mind becomes pervaded with it. Then the efforts which I make, the people are pleased to call the fruits of genius. They are the fruits of labour and thoughts."

Large Annular Ulcer

Healed after 24 years' duration

CASE HISTORY: C. W. ———, Night Watchman, aged 61 years.

Large annular ulcer 24 years' duration on lower third of R. Leg. Oedematous edges and unhealthy base—much surrounding eczema.

4th May. No varicose veins visible or palpable. Ulcer insufflated with Penicillin and Sulfathiazole powder. An Elastoplast Bandage was applied with considerable compression over a stirrup of the same material applied to the internal and external aspects of the leg.

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Comment. The patient was never laid up and continued his work during the whole period of treatment.

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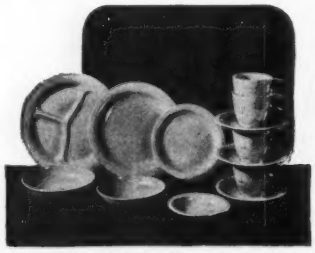

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TORONTO OAKVILLE MONTREAL

Biennial Meeting

(Continued from page 80)

sented by Col. Cuthbert Scott. Red Cross would be responsible for supplying blood products for the armed forces and stockpiling plasma for possible civil defence needs; also, in collaboration with St. John Ambulance Association, it would train defence workers in first aid and home care of the injured.

W. J. Bennett of St. John Ambulance outlined the training courses offered by his organization and stressed that members of "the Brigade" would be of "especial assistance in the event of an emergency as their training and discipline is designed to prepare them for such contingencies".

This session brought forth many anxious questions from the floor and serious discussion. Among other points, attention was given to ways and means of quickly evacuating patients already in hospital to make room for possible emergency cases. The system of tagging with a variety of colours to indicate which patients could be moved, and in what circumstances, was discussed in detail. Dr. A. L. C. Gilday expressed the opinion that, while sound in theory, the system was difficult to keep up because each patient's condition changes from day to day and authority to change a tag might not be readily available in a time of stress.

To the question as to how medical supplies would be made available, Dr. Charron replied that it is planned to set up stores or depots across the country and arrange for transportation of these vital supplies to any sticken area. A list has been prepared but quantities have not yet been decided upon.

Hospital Standardization

Dr. Paul Ferguson of the American College of Surgeons told the story of hospital standardization as it has developed on this continent to date, giving major credit to Dr. Malcolm MacEachern for his share in promoting and expanding that program. He said that it is now too large an enterprise for one organization to carry. Mr. George Bugbee, speaking for the American Hospital Association, outlined the current proposal which would place the program under a Commission comprising three members from the A.C.S., three from the American College of Physicians, seven from the A.H.A., one of whom would be a Canadian, six from the American Medical Association, and one from the Canadian Medical Association. It has also been suggested that the A.C.S. and A.C.P., whose membership includes many Canadian doctors, would alternately name a Canadian as one of their three representatives. Therefore, out of a total of 20, three Canadians would be included.

The budget estimated for operating the Commission was set at $75,000 annually, while inspection services might run to $250,000. Mr. Bugbee said the program planned was one of education rather than punitive action and it was presumed that, if it is acceptable in this country, Canada would carry out its own inspection services.

Dr. A. D. Kelly, speaking for the Canadian Medical Association, indicated a widespread feeling in this country that our hospitals should be the concern of Canadian authorities and spoke of a committee set up by his Association to investigate the possibility of establishing a Canadian standardization program. However, he expressed ap-

(Continued on page 96)

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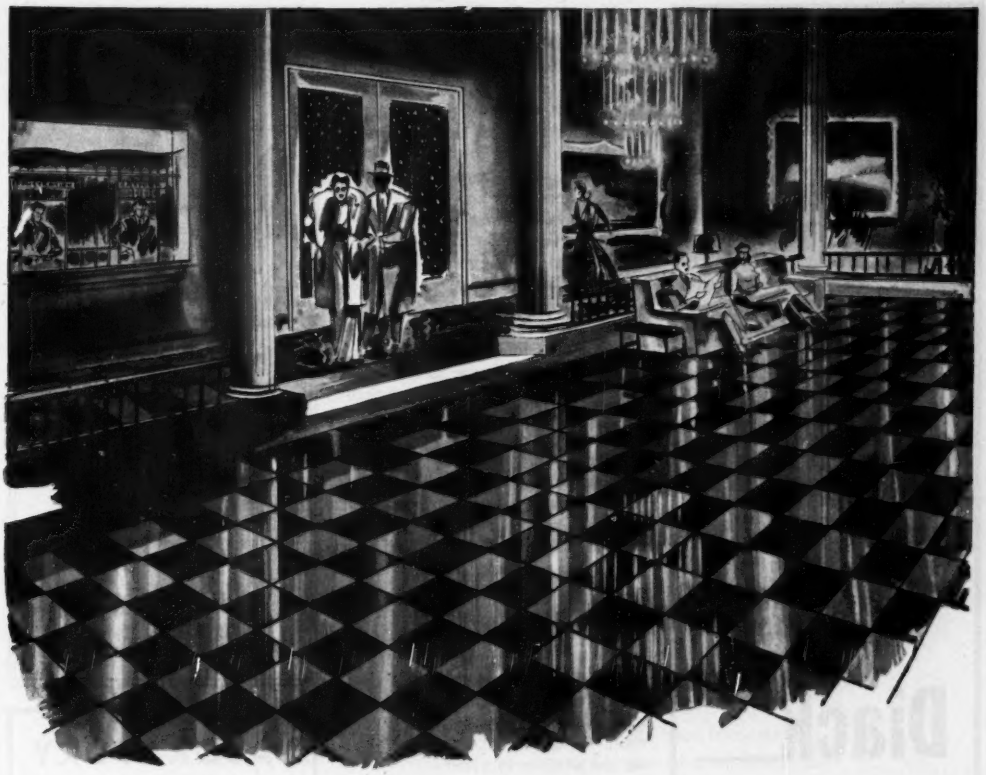

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Nutrition for Older People

(Concluded from page 28)

on savings or pensions which would have been adequate ten years ago but are not so today. Payments to working people have kept pace reasonably well with or have exceeded the increased costs of food. The value of savings, annuities, and of life insurance has been markedly reduced. Many of these older people are living in single rooms with poor cooking facilities. The cost of food for a single person living alone is much greater than for an adult in a family. Food economies which are possible for a family are not possible for a person living alone. Present economic circumstances may be a very real cause of malnutrition in older people. To this should be added two relative aspects. Poor cooking facilities discourage the preparation of good meals for it is not easy to prepare a good dinner on a small hotplate. For a person living and eating alone there is not much incentive toward the preparation of meals. Poor economic circumstances, poor cooking facilities, living and eating alone, the prevalence of food prejudices, all tend to make common the bread, jam, and tea, type of meal. It is that type of meal which we are anxious to avoid.

The goal toward which we are aiming with regard to older people is the maintenance of physical and mental vigour for as long as possible. It would be expected that nutrition would be one of the factors involved and one to which we should give some attention. The prevalent meal of bread, jam, and tea, is not the answer. A recent investigation in the United States has suggested that poor nutrition, particularly with regard to the B vitamins, may hasten senility. We know of no means of stopping senility once it has developed. The knowledge which we do have at present, limited as it is, does indicate that we should be concerned about the meals eaten by older people. All of us are approaching old age and all of us would like it to be a time of happiness.

How little you know about the age you live in if you fancy that honey is sweeter than cash in hand.—*Ovid.*

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Hospital Bakery

(Concluded from page 76)

no way intended that this arrangement should thwart or discourage the baker's interest, initiative or ingenuity. However, new ideas should be approved by the dietary management and so be accepted as standard practice. Change is associated with progress but it should not be allowed to lower standards concerning the stability of products, yield or cost control, nor should it complicate the employee-training program. For however simple it may be, whether formal or informal, every well-managed bakery carries on an employee-training program.

Conclusion

In conclusion, I would like to stress that the objective of a hospital bakery is two-fold. Its immediate end might be said to be the production of excellent food in an atmosphere of harmony and order. But the ultimate goal towards which all thoughtful and costly planning tends is to the happiness and well-being of the patient. This, indeed, is the *raison d'être* of all hospital activities, the pivot around which they all revolve.

Kitchen Equipment

(Concluded from page 72)

well protected and easily cleaned. One of these machines has a hydraulic device which controls the pressure exerted on the food as it is pushed through the dicer blades so that it is not crushed before it is diced. The labour-saving claimed by these machines is considerable.

These are but a few of the many advances in the field of kitchen equipment. The scope for improvement in this line is still vast and through the concentrated efforts and ingenuity of our dietitians and equipment manufacturers much more can be accomplished.

Dietetic Interns Save Time

In carrying on programs in work simplification, dietetic interns, as potential first-line supervisors, have at their disposal the knowledge and means for making a practical analysis of the problems encountered and the improvements to be made.

In three years where they have participated in such a program, 50 work simplifications have been submitted which amounted to savings of approximately 12,000 man-hours a year. Although savings per operation may appear to be too slight to be important, when calculated on a yearly basis they take on new importance.—*Journal of the American Dietetic Association, October, 1950.*

Love's Labour Lost

The young bride asked her husband to copy down a radio recipe she wanted. He did his best but got two stations at once with this result:

"Hands on hips, place I cup of flour on the shoulders, raise knees and depress toes, mix thoroughly in ½ cup of milk. Repeat 6 times. Inhale quickly ½ teaspoon of baking powder, lower feet and mash 2 hard-boiled eggs in a sieve. Exhale, breathe naturally, and sift into a bowl.—*Davis' Nursing Survey.*

THE CANADIAN HOSPITAL

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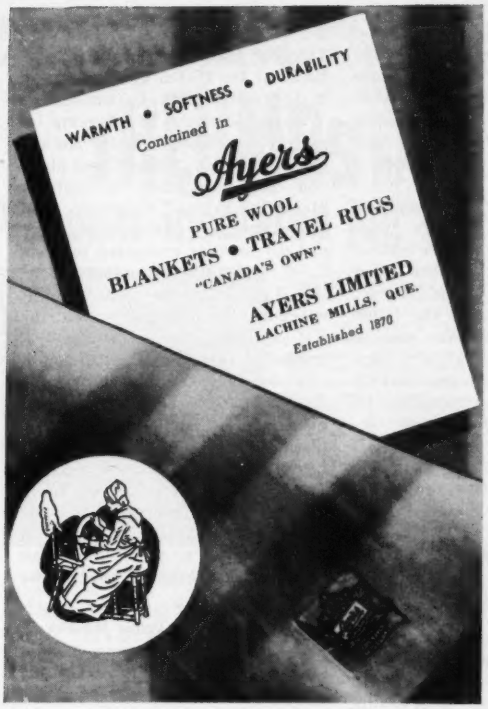

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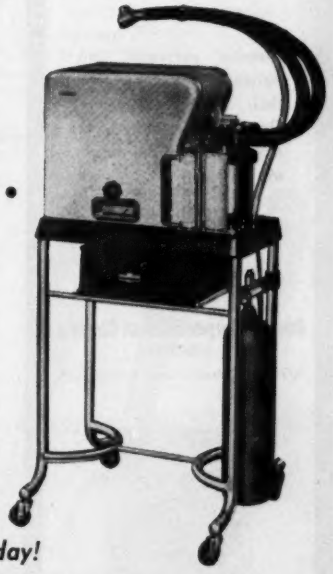

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Biennial Meeting

(Continued from page 90)

preciation of the offer made by our neighbours and said that the C.M.A. would decide at its annual meeting this month whether to accept that offer or undertake to promote a Canadian program.

Father Bertrand was emphatic in the opinion that it was "time Canadian hospitals started looking after themselves". On the other hand, Dr. Harvey Agnew, former Executive Secretary of the Canadian Hospital Council, warned delegates against undertaking such a costly enterprise independently. It would involve an expenditure of at least $60,000 per year for inspection alone, he estimated. It was his opinion that Canadian doctors and administrators would be willing to co-operate in the American plan.

Dr. A. C. McGugan, Edmonton, and A. J. Swanson, Toronto, spoke favourably of the latter plan and Dr. McGugan recommended that, while the membership of any governing Commission should include a good proportion of medical men, hospital administrators should be free to set their own standards.

It was reported by Father Bertrand that the Board of Directors had set up a Committee of the Canadian Hospital Council to investigate the whole problem of standardization and he urged that this task be completed as soon as possible.

Financing Hospital Services

In an argumentative session on hospital finance the outstanding feature was an address, based on careful research, by George Barker who represented the Dominion Bureau of Statistics. Under the title "Factors Influencing the Cost of Hospital Operation", Mr. Barker showed that on the whole per diem costs increased 70.8 per cent in the period 1944 to 1949 and that this rise is not greater than in the case of other comparable industries. "Indeed", he said, "hospital costs are only keeping in line with the general pattern of costs relative to the national price structure".

Costs not directly related to in-patient care *e.g.* emergency and out-patient services and education were the subject of rapid discussion. Among those taking part were Sister M. Louise and A. J. Swanson, Toronto; Sister Catherine Gerard, Halifax; Dr. H. Baird, Regina; and R. J. Weatherill, St. Catharines.

Ways and means of financing in-patient care brought to the podium representatives of Blue Cross plans and the provincial government plans in British Columbia and Saskatchewan. Delegates were pleased to have presented to them L. F. Detwiller, Commissioner of the B.C.H.I.S., who reported favourably on progress under the B.C. system, despite, as he remarked, a certain amount of publicity to the contrary. Dr. Burns Roth and G. W. Myers spoke for Saskatchewan and Edgar Dutton discussed the "dollar-a-day" plan in Alberta. Dr. Harvey Agnew, Toronto, announced that Blue Cross in Ontario was preparing to offer an alternative contract based on the indemnity system rather than cost of care in order to meet public demand.

Welcome by the Prime Minister

Those in attendance were pleased to have the opportunity of meeting Prime Minister St. Laurent at the Parliament buildings. The Prime Minister was introduced to the delegates by his colleague the Hon. Paul Martin. Mr. St. Laurent described the great need for improved nutrition and health in the world today, and assured hospital representatives that his government was very conscious of health needs and appreciative of the contributions to national health being made by the hospitals of Canada. Mr. Armstrong expressed sincere thanks to both Mr. St. Laurent and Mr. Martin for their courtesy and co-operation during the course of the meeting.

C.H.C. Extension Course

Dr. Harvey Agnew, Chairman of the Committee on Education, reported steps leading to the establishment of the Council's new extension course and decisions reached by the committee in conference just prior to the biennial meeting. The proposed course was outlined by Dr. L. O. Bradley, who emphasized that it is designed "specifically as an in-service training program".

Earlier in the meeting, Mr. Donald M. MacIntyre, who has recently joined the Council secretariate as

(Continued on page 106)

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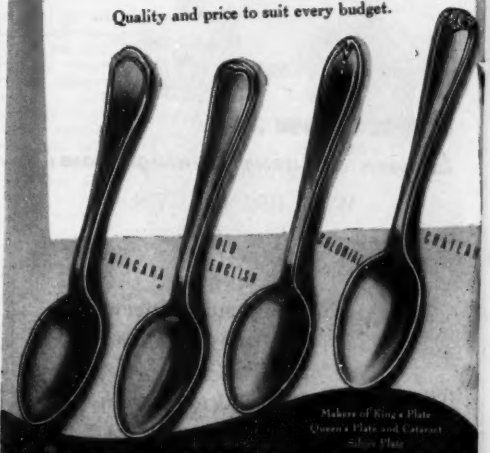

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Queen's Plate and Cataract Silver Plate

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Food Service System

(Concluded from page 39)

Mealpack units. Salads that have been chilled in the refrigerator can be inserted in a container, sealed up, and will remain cool.

In our hospital, we serve exactly the same meal to all patients, whether they are in wards, semi-private or private rooms. Before each meal, a menu is presented to every patient by the ward clerk. Two types of meals are offered and, by means of a tick, patients can designate their likes and dislikes. Additional food may be ordered for a slight charge.

We have found that the Mealpack system is advantageous for diabetic out-patients who wish to obtain a specially prepared meal. These out-patients may arrange their special diets with our dietitian and come to the hospital for their meals three times a day. The meals are prepared in the Mealpack unit and are ready for the diabetic out-patient when he comes to the hospital. For this extra service, a special fee is charged. To date, this system has worked out very satisfactorily.

In pre-heating the Pyrex plates and assembling the Mealpack unit, we have found that it takes slightly longer to prepare meals than with certain other systems. Also, there is more time spent in washing since there are three Mealpack units to be washed in place of the usual dinner plate. However, we find that this is readily offset by the satisfaction this type of service gives to patients and employees. Our food service system, we believe, is of great public relations value to the hospital.

All of this centralized food system is handled under the direction of Miss B. Richards, Chief Dietitian, who finds it most gratifying to hear the many compliments paid by satisfied patients.

Good Propaganda Needed

Publicity cannot solve all your problems, but the job it can do for you is vital. It can see that your hospital is presented to the public from the best and most effective angle, thereby influencing what the people in your immediate community think of your institution and the work it is doing.

I don't think it is too much to say that in the conditions that prevail today no hospital can hope to solve either its financial or staff problems unless it is prepared to become a propagandist—to get down to the business of creating in the public mind an attitude of goodwill towards itself. . . .

The one vital factor you should always bear in mind when preparing propaganda material is that what you put out should be lively, human, and interesting. Lively and human does not mean sensational. It does mean that you should strive to avoid dullness at all costs.—*"The Hospital Magazine", Melbourne, Australia, November, 1950.*

A Universal Outlook

Social medicine is the practice of clinical and laboratory medicine in relation to all the social and environmental forces that influence *our* lives.—*The Modern Hospital.*

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Tucking in Extra Calories

In a weight-gaining regime every effort should be made to promote appetite and increase enjoyment of food. Eating at regular hours is important since appetite is influenced by regularity. Sufficient rest and recreation, mild out-door activity, freedom from worry and tension, combined with a happy, relaxed atmosphere at the table, all stimulate the appetite.

When capacity is small it is usually necessary to increase the total food intake with carefully planned between-meal and bed-time snacks if the practice does not decrease the appetite for regular meals.

Once good food habits are established, extra calories can be "tucked in" with little effort. A gain of five, ten, or fifteen pounds is not an overnight achievement but is a rewarding one because of the sense of well-being that accompanies normal weight. An improvement in food habits at any age will result in more pep and enjoyment of life and greater resistance to fatigue and infection.

Want to tuck in extra calories?

Add a few dates, figs, or raisins to the hot cereal at breakfast for an extra 100 calories without noticeable increase in bulk.

Dilute evaporated milk with milk instead of water to use on cereal and in desserts. It's "creamy" and adds up to more milk.

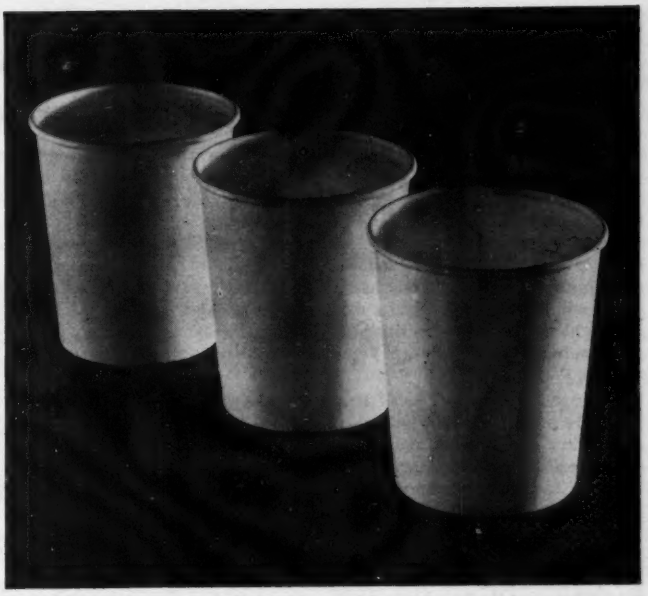
Use undiluted evaporated milk in coffee and tea. It is equal to twice the amount of milk.

At the end of each meal, see if you can eat another slice—or half slice—of bread with butter or margarine and jelly or marmalade for an extra 100 or 200 calories.

Try to replace some coffee or tea with extra milk or cocoa at meal-time, bed-time, or for between-meal snacks.

Save sweet, rich, or fried foods until the end of the meal because they tend to depress the appetite.—*"Nutrition Notes", February, 1949.*

No business has the moral right to allow itself to be unexplained, misunderstood, or publicly distrusted; for by its unpopularity it poisons the pond in which we all must fish. —*Bruce Barton.*



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for use in Canadian hospitals!

Kalyx cold drink cups are used in many Canadian hospitals where a sanitary, easily-disposable drinking cup is needed for morning fruit-drinks or evening relaxants. Kalyx Cups are handy . . . easily stored in large quantities. They're economical, too. Their construction is sturdily dependable. Order from your wholesale dealer or contact Globe Envelopes Ltd., Toronto.

Kalyx cold drink cups

Made by
GLOBE ENVELOPES LIMITED
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Hospital Pharmacy

(Concluded from page 56)

caries gave free treatment and charged for their drugs.

The beginning of the 18th century is marked by the building of charitable hospitals. The Royal College of Physicians established a dispensary where medical advice was given free and medicines sold to the needy at cost. Many other hospitals followed this example. The Great London Hospital (1740) had a physician, a surgeon, an apothecary, and a day and night nurse. Large charity hospitals were also built in Berlin, Vienna, and Paris.

There was a retrogression of hospital care in the late 18th and early 19th centuries. Surgeons and physicians were attempting more cases with new and complicated procedures but lacked the aseptic technique and the boon of anæsthesia. Hospital staff organization also degenerated because lay workers replaced religious workers and the long hours, hard work, and lack of remuneration left much to be desired in the type of person found in hospital care. But from the middle of the century, discoveries in the fields of antisepsis, anæsthesia, microbiology, x-ray, physiotherapy, psychotherapy, nutrition, endocrinology, and pharmacology, revolutionized all phases of hospital care.

In comparison with the multitudinous scientific achievements in the health field, the services of the hospital pharmacist have taken second place. Hospital pharmacy as such is last mentioned in treatises written in the early 18th century. As hospitals expanded, the pharmacies remained the same but with as many innovations as the pharmacist could arrange to make.

In the 20th century came the great development of out-patient clinics which added a new phase of pharmacy service in the hospital. The largest factor for general improvement in all hospital services has been the standardization system instituted by the American College of Surgeons. Postulating, as it does, a competent organized hospital staff in every one of its many facets of health service, a "Minimum Standard" has also been established for hospital pharmacy. Now, more than ever before, the hospital pharmacists are striving to uphold and improve their standards, carrying on the work of their ancient heritage, always vigilant for future progress.

(For bibliography, see Part I, in May issue, page 90).

Seven Scholarships Awarded by Council on Physical Fitness

Seven scholarships for post-graduate training in physical education and recreation have been awarded by the National Council on Physical Fitness. Six scholarships of $500 each have been awarded to Canadians from various parts of the country to study in the United States. The seventh scholarship of $1,000 has been awarded to a man from Three Rivers, Quebec, who is attending the University of Louvain, Belgium. Upon completion of his course, he intends to take a further year's training in the United States after which he will return to Three Rivers to direct a physical education and recreation program and conduct a training centre.

a new principle of tumbler engineering . . .

The Canadian ZONE-AIR Drying Tumbler dries laundered work *faster* at *lower* cost

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Coming Conventions

June 18-22—Canadian Medical Association, Mount Royal Hotel, Montreal.

June 18 (week)—Western Canada Institute for Administrators and Trustees, University of Alberta, Edmonton.

June 22-23—Associated Hospitals of Alberta, University of Alberta, Edmonton.

June 25-27—Congrès des Hôpitaux Catholique du Québec, Montreal.

June 25-29—A.H.A. Institute on Hospital Housekeeping, Webster Hall, Pittsburgh, Penn.

July 11-13—Fourth Annual Conference on Aging, University of Michigan, Ann Arbor, Mich.

July 15-21—Second Postwar Congress of the International Hospital Federation, Brussels, Belgium.

Sept. 10-14—Fifth World Congress, International Society for the Welfare of Cripples, Stockholm, Sweden.

Sept. 12-15—Canadian Society of Radiological Technicians, Royal Alexandra Hotel, Winnipeg.

Sept. 17-20—American Hospital Association, St. Louis, Mo.

Oct. 11-12—Saskatchewan Hospital Association, Hotel Saskatchewan, Regina.

Oct. 16-19—British Columbia Hospitals' Association, Hotel Vancouver, Vancouver.

Oct. 22-26—A.H.A. Institute on Hospital Purchasing, Moraine Hotel, Highland Park, Illinois.

Oct. 24-26—Associated Hospitals of Manitoba, Winnipeg.

Oct. 29-31—Ontario Hospital Association, Royal York Hotel, Toronto.

Nov. 1-2—Annual Convention of the Ontario Conference of the Catholic Hospital Association, St. Michael's Hospital, Toronto.

Nov. 20-24—Maritime Hospital Association Institute for Hospital Trustees and Administrators, Halifax, N.S.

Nov. 26-30—A.H.A. Institute on Hospital Laundry Management, Kenmore Hotel, Boston, Mass.

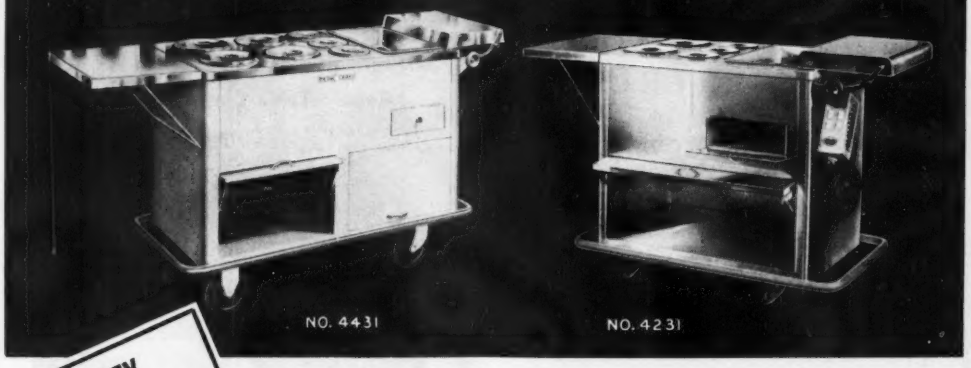
U.S.A. Controlled Materials Plan

National Production Authority in the United States has announced that the Controlled Materials Plan will be in operation beginning July 1. Under the plan, defense and defense supporting production and construction will be programmed. It is fully expected that hospitals will be high on the list, and that sufficient quantities of materials for the manufacture of supplies and equipment and for construction will be available.—*Released by the A.H.A.*

All This And Heaven Too

When the little girl came home after a tonsillectomy, she told her mother she'd been to heaven. "You mean you dreamed you were in heaven while you were under the anæsthetic," corrected the mother gently. "No, mother, I really was in heaven," insisted the girl. "It all happened before I went to sleep. All the angels in their long white robes were round me. Then one of them looked down my throat and said, 'O Lord, come and look at this!'"—*The Alchemist.*

METAL CRAFT FOOD Conveyors



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Metal Craft Food Conveyors solve the problem of delivering kitchen-fresh meals to bed-patients with maximum appetite appeal! They are engineered for automatic, temperature-controlled, flavour-saving food distribution. . . . AND they are built for long service, ease of handling and practical utility. For complete data write:

THE METAL CRAFT COMPANY LIMITED, GRIMSBY, ONTARIO

Federal Grants

(Concluded from page 60)

been earmarked to bring outstanding instructors from the United States to assist with the annual refresher course for Alberta's sanitary inspectors .

Public Health

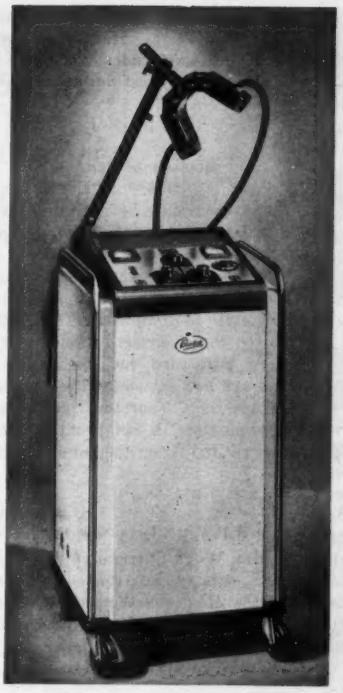
As a means of improving the health of school children in Burin, Nfld., arrangements have been made to hold a series of clinics in town and district schools during the winter and spring months. A federal grant has been approved to meet the cost of this service.

An office is being set up in Truro, N.S., with the aid of federal health funds, to extend the services of the nutrition branch of the provincial health department. This will facilitate the work of the nutrition division in co-operation with the Normal School, which is Nova Scotia's teacher-training centre. Funds have also been earmarked to buy teaching equipment for the Children's Hospital at Halifax, N.S., and will be used to train medical students and nurses in improved techniques for the care of crippled children. At the Victoria General Hospital, Halifax, space, which was formerly occupied by the x-ray department, is being converted into a new department of metabolism and clinical investigation.

British Columbia, Alberta, Manitoba, Ontario, Nova Scotia, and Prince Edward Island have renewed their agreements with the federal government under the National Phycal Fitness Act. The agreements are renewable periodically and provide for federal grants to assist the provinces in developing fitness and recreation programs. Agreements are also in effect with Saskatchewan, New Brunswick, and the Northwest Territories.

Tuberculosis

An additional $33,000 from federal health funds has been earmarked for St. Joseph's Sanatorium, Montreal. This is the second grant for this sanatorium since federal aid for hospital construction began in 1948. The first grant totalled $615,000 and helped to increase the hospital's capacity to 497. The new addition provides space for 22 more beds.



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With the Auxiliaries

(Concluded from page 62)

held ten regular meetings. During the year members took charge of an essay contest which was sponsored by the Manitoba Women's Hospital Aids Association and also played an active part in the Nurse Recruitment Campaign. Many social functions were held and the big money-raising venture, the Fun Fair which was held in October, was most successful.

* * * *

Auxiliary Donates Money to Equip Children's Ward

The sum of $5,000 will be spent by the women's auxiliary to the Royal Columbian Hospital, New Westminster, B.C., to equip, and provide comforts for, the children's ward at the hospital. Of this amount some $2,000 will be used to furnish a humidity room. A playroom for convalescent children is also being planned. In addition, the auxiliary has provided $300 to the Student Nurses' Council to assist in paying three months' rent for a summer camp. They will also present the auxiliary's prize, a three-piece luggage set, at the graduation exercises, to the student nurse who receives the highest marks in paediatrics.

* * * *

Auxiliary to Purchase Oxygen Tent

An electrically-refrigerated oxygen tent which will cost approximately $750 is the next project to be undertaken by the women's auxiliary to the Chilliwack Municipal Hospital, at Chilliwack, B.C. Recently, three oxygen cylinder trucks were purchased by the auxiliary and are now in use at the hospital, as well as a laboratory blood-count denominator. A net profit of $227 was realized from the annual spring tea.

* * * *

M.W.H.A.A. Elects New President

Mrs. W. P. Fillmore of Winnipeg, Man., was recently elected president of the Manitoba Women's Hospital Aids Association. Mrs. Fillmore succeeds Mrs. A. E. Hoskin, who resigned owing to ill health.

Penny Sale Held by Auxiliary at Seaforth, Ontario

The ladies' aid to the Scott Memorial Hospital, Seaforth, Ont., held its annual penny sale in conjunction with Hospital Day on May 12th. Recently the annual theatre party was held; and new furniture was purchased for the front hall of the hospital.

Un Résumé

(suite de page 35)

aisément tout en demeurant tendre et juteux. La protéine soluble du suc se trouve coagulée mais non durcie. Une cuisson prolongée à basse température fait durcir et sécher la chair.

Il n'est rien de tel pour stimuler l'appétit et susciter des préférences que de servir les ailments d'une manière attrayante. Le poisson cuit est extrêmement tendre et il se défait facilement. Aussi faut-il exercer le plus grand soin en le portant du plat à l'assiette. Le service sera facilité si le poisson est coupé en portions individuelles avant la cuisson.

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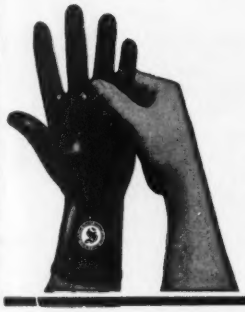

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..the most modern of all the systems of intercommunications.

ELECTRO - VOX offers the advantages of instant voice contact. In seconds you get information about a patient, and give instructions pertinent to the case.

There is always instant voice contact, day and night, between nurses and patients.

Musical programs are transmitted by loud-speakers to assembly halls, and by pillow speakers to the rooms.

ELECTRO-VOX establishes instant communication with the various departments . . . management . . . doctors . . . gets those "inside" calls off your switchboard.

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TORONTO 13 — 1400 O'CONNOR DRIVE — CANADA

Biennial Meeting

(Concluded from page 96)

Assistant Secretary and Secretary of the Committee on Education, was introduced to the delegates by Mr. Armstrong.

"The Objectives of Voluntary Funds and Foundations" was the subject of an enlightening address by Andrew Pattullo of the W. K. Kellogg Foundation. Beginning with the statement that philanthropy is big business in Canada and in the United States, Mr. Pattulla explained that the over-all objective of the Foundation is "to improve the health, welfare, and well-being of mankind". One of its first interests is *people* and helping these people to meet their *problems*. In outlining the various projects initiated and supported for a time by the Foundation, Mr. Pattullo emphasized that its function must be to "act as a catalyst, not as a crutch". In conclusion, he remarked that in its new extension course the Canadian Hospital Council had a revolutionary plan and assured delegates that in this project they had not only the financial support of the Foundation but the warmest wishes for success. "If you would see the objectives of a foundation just examine this project of your own", he advised.

National Council of Women's Hospital Auxiliaries

Concurrently with the Council meeting, officers of provincial associations of hospital auxiliaries met in Ottawa to organize a national body. The new organization, to be known as the National Council of Women's Hospital Auxiliaries, will act in an advisory capacity to provincial groups, total membership in which comprises more than 30,000 Canadian women. Application is to be made by the new Council for associate membership in the Canadian Hospital Council and these voluntary workers were officially welcomed by Dr. A. L. C. Gilday on behalf of the Assembly. The story of this new hospital group will appear in our next issue.

Hospital Statistics

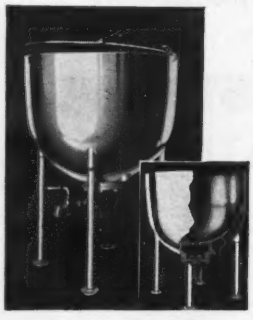
The report of the Committee on Accounting and Statistics was presented by Murray Ross, chairman, who outlined the activities of the past two years in connection with the Dominion-Provincial Conference. He emphasized that a practical standard accounting manual for use in Canadian hospitals was now a necessity and suggested that a new committee be set up, including representatives of both hospitals and government agencies, to carry out this project on which preliminary steps have already been taken.

George N. Barker and Miss Wendy Greenhalgh of the Dominion Bureau of Statistics reviewed the accomplishments of the two Dominion-Provincial Conferences on Hospital Statistics. The new reporting schedules recommended by the Conference were explained and the hope expressed that they could come into use in 1952.

At the suggestion of Mr. C. J. Telfer, the delegates recorded their appreciation of the great contribution to progress in hospital statistics which had been made by Mr. Barker and their regret that he was leaving the service of the Dominion Bureau of Statistics.

Resolutions adopted by the As-

For Swifter, Cleaner Kitchen Service . . .



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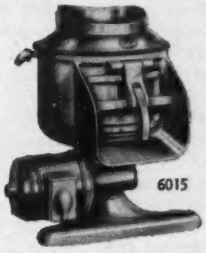

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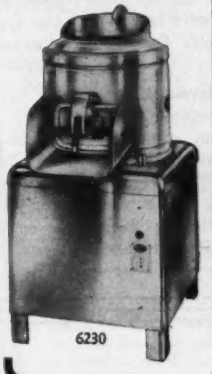

6230

Wasteful, old fashioned hand peeling methods result in potato losses of up to 15%! Prove it yourself—weigh your potatoes before and after hand peeling . . . and see how much goes in the garbage pail! And check your peeling time! Then think how much better the time could be used for other duties! That's where a Hobart Peeler comes to your aid, for it peels all shapes and sizes uniformly and only "skin deep" . . . IN BUT A FRACTION OF THE TIME! You'll find that a new Hobart Peeler will more than pay for itself in reduced peel losses and slashed labor costs.

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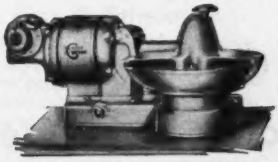

The Hobart Food Cutter makes possible an endless array of appetising specialties that will give zip to your menus. Vegetables, meats, and fruits of all kinds can be cut AND MIXED quickly, uniformly, thoroughly, safely. Use it for soup stock, relishes, summer salads, desserts, etc. Convert unused portions, usually wasted, into novel, delicious tasting dishes that actually save money! Get full details at once.

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sembly of the Canadian Hospital Council will be published in our next issue.

Officers and Directors Elected

Honorary President: Honourable Paul Martin, Minister of National Health and Welfare.

Honorary Vice-President: R. Fraser Armstrong, Kingston General Hospital, Kingston, Ontario.

President: Owen C. Trainor, M.D., Misericordia General Hospital, Winnipeg, Man.

1st Vice-President: Angus C. McGugan, M.D., University of Alberta Hospital, Edmonton, Alta.

2nd Vice-President: Rev. Father Hector L. Bertrand, S.J., 325 St. Catherine Road, Montreal, P.Q.

Treasurer: A. Lorne C. Gilday, M.D., C.M., 478 Mountain Ave., Westmount, Montreal, P.Q.

Directors: Rev. Sister M. Ignatius, Sisters of St. Martha, Antigonish, N.S.; Percy Ward, 129 Osborne Road East, North Vancouver, B.C.; J. Gilbert Turner, M.D., C.M., Royal Victoria Hospital, Montreal, P.Q.; Harold E. Baird, M.D., Regina Hospital, Regina, Sask.; Donald F. W. Porter, M.D., The Moncton Hospital, Moncton, N.B.; W. Douglas Piercey, M.D., Ottawa Civic Hospital, Ottawa, Ont.

—*J.F.*

Canning with Antibiotics

The most exciting possibility to appear before the canning industry for a long time is the recently suggested method of preservation with antibiotics. The basic idea is not a new one as attempts along lines of "easy canning" have been made previously. An article in *Food Industries, Oct., 1950,* reports the successful canning of certain vegetables using a combination of 5 to 20 ppm. subtilin, an antibiotic derived from bacillus subtilis, and mild heat consisting of boiling water for about ten minutes.

A great deal of developing still remains to be done before the new method of processing, showing a record of 100 per cent effectiveness plus a safety factor, can be presented to the canning industry. It is felt that those antibiotics which have a medicinal significance have a very limited future in canning as continued ingestion of these might render the consumer insensitive to them in time of need.

Errors in Cookery are Costly

No restaurant or institution can afford errors in cookery. They are time-consuming and a waste of energy, food, and money. There are at least two ways to prevent cooking errors: first, more and better training of cooks; second, making use of standardized recipes. Cooks should be taught to use measuring equipment and instruments with precision. Then this teaching can be extended to the basic principles of cooking. These known, understood, and applied with common sense will eliminate cookery errors.—*American Restaurant Magazine, November, 1950.*

The old-fashioned plough may be used for preparing the ground for wheat that produces ordinary bread. For pre-sliced loaves, it is necessary to employ a disc harrow. — *E. P. Nicol.*

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Here a larger "Modernfold" door becomes a movable wall . . . creates an extra room from waste hall space. A smart, inexpensive way to handle a bed shortage! Use "Modernfold" movable walls to separate doctors' offices from examination and treatment rooms—to bring privacy to wards.

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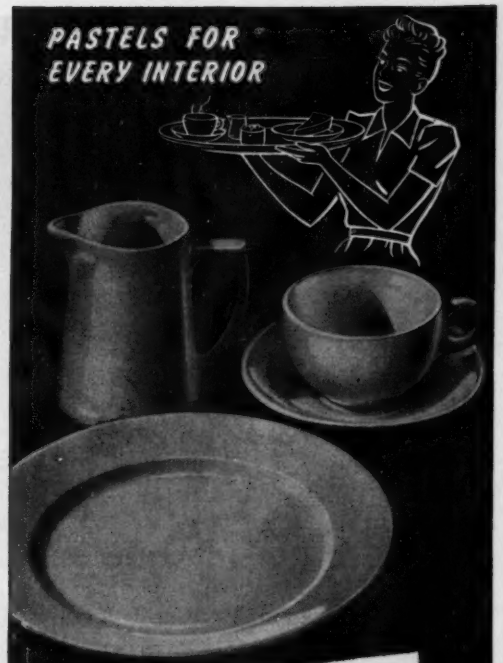

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JOHNSON & JOHNSON FORM QUARTER CENTURY CLUB

W. M. Campbell Receives Silver Tray

Johnson & Johnson Limited recently held an inaugural dinner in connection with the formation of their Quarter Century Club. Shown above are 29 of the charter members — whose service with the Company totals 1,096 years. The average number of years service per member is 34.

At the dinner, each member was presented with an engraved sterling silver tray. Mr. W. M. Campbell, President, a member of the Quarter Century Club, with 39 years' service, is shown receiving his tray from Mr. G. H. Hughes, Head Shipper. Mr. Hughes has the longest service record — has been 46 years with J&J.

ROY J. MAWHINNEY

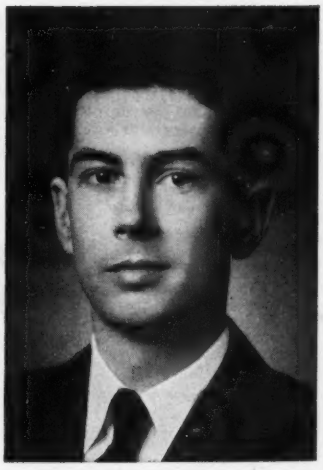
NEW HOSPITAL REPRESENTATIVES FOR JOHNSON & JOHNSON LIMITED

Of interest to Hospital personnel are the recent appointments announced by Johnson & Johnson Limited.

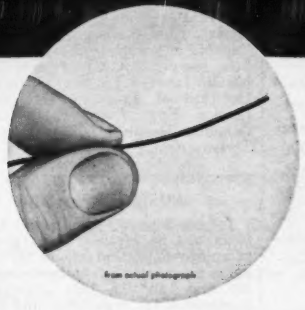
Mr. W. J. Owens has been appointed Hospital Sales Representative for the Maritime Provinces. He was born in Saint John, N.B., and has spent his entire business career in the Maritime Provinces. He will make his headquarters in Halifax, N.S.

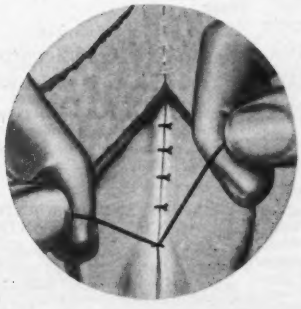
The former Johnson & Johnson Hospital Representative, Mr. George St. Pierre, will, in the future, confine his activities to the retail and wholesale Drug Trade.

Mr. Roy J. Mawhinney is a recent addition to the Johnson & Johnson sales force in British Columbia. Mr. Mawhinney, who is a native of Vancouver, will, for the present, make his headquarters in that city.



W. J. OWENS





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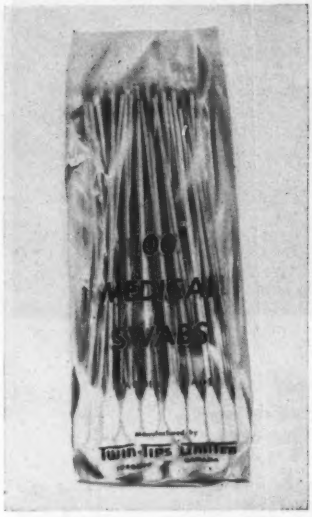

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Hospital Employees Draft Own Personnel Policies

Recently, the 320 employees of St. Mary's Hospital, Montreal, have been busy drafting personnel policies which will be submitted to the Board of Directors of the hospital for approval and subsequent administration. This is an endeavour to bring employees into a closer working team and to build up good public relations. The hospital administration established a 14-member employees' committee, chosen by the hospital workers, to draft personnel policies on sick leave, vacations, rest periods, and similar matters. The committee will assist in the administration of the policies and will act as a board of appeal for any grievances that might spring up within the hospital's organization. As a further step toward closer relations among the employees, the hospital has begun a policy of sending administration reports to them in order to inform all employees of what is going on in the institution.

Hotel Dieu Hospital, Montreal to Establish Glaucoma Clinic

With the aid of federal health grants the Hotel Dieu Hospital, Montreal, will establish a glaucoma clinic. It will be directed by Dr. Francis Badeux, professor of opthalmology at the University of Montreal's medical school. The federal grant will be more than $18,000. This is the fourth glaucoma clinic to be established in Canada. The others are at the Toronto General Hospital; St. Sacrement Hospital, Quebec City; and the Montreal General Hospital.

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Applications for the position of Director of Nursing and Principal of the School of Nursing of the Peterborough Civic Hospital are invited. 240-bed hospital with 50 bassinettes. School of Nursing of 90 to 100 students. Applicant with degree preferred. Apply stating experience and qualifications to Superintendent, Peterborough Civic Hospital, Peterborough, Ontario.

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Director of Nursing Education for Victoria Hospital, Prince Albert, Sask. A hospital with 160 beds. Student enrolment 60. New Classroom, Demonstration room and Library. Position open. Apply Superintendent of Nurses.

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Appointment as Personnel Officer or Director of Housekeeping (Female), desired in large Canadian hospital. Practical experience in three large hospitals (2 English, 1 Canadian.) Capable of completely organizing welfare, recruitment, allocation and training of labour. Corporate member of Institute of Personnel Management, London, Eng. Apply Box 636F, The Canadian Hospital, 57 Bloor St. West, Toronto, Ont.

POSITION VACANT

Internships in medicine. Applications will be received from graduates of approved medical schools for internships in medicine, commencing June 1st, and July 1st, 1951. Splendid opportunities for experience and training in medicine and pathology. Applications to be submitted to: Superintendent, Regina General Hospital, Regina, Sask.

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Young hospital executive with diversified hospital management and accounting experience desires position as Administrator or Accountant. Box No. 619W., Canadian Hospital, 57 Bloor St. W., Toronto.

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Index of Advertisers

JUNE, 1951

(For Subscription Rates See Page 94)

Authorized as Second Class Mail, Post Office Department, Ottawa. The Canadian Hospital is published monthly by The Canadian Hospital Council, 57 Bloor Street West, Toronto 5.

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Protective anti-bacterial film is maintained as long as R-4-X is in daily use. Reduces scrub-up time . . . eliminates the alcohol rinse . . . cleanses thoroughly . . . rinses easily.

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